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## *Chapter 4: Provider Edits 1000-1999*

## Revision History

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## **Section 1: Provider Edits 1000-1999**

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### **Overview**

Provider edits are performed on the provider identification numbers on the claim. These could be the billing, rendering, or referring provider numbers. These edits have been set on the assumption that these numbers must be present on the provider database and must be eligible to perform the service or services billed.

The provider edits will only be performed if the claim passed the validation edits on the provider number.

As other claim types and programs are defined, exceptions to these edits can be identified and the edits can then be changed or modified to prevent valid claims from being suspended or denied.

**Edit: ESC 1000 Billing Provider ID Number Not on File***Note: Edit 1000 revised October 5, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	0100	All	Header	No	Yes	0

Disposition	All
00 Other	Deny
22 Shadow	Deny
50 Voids/Replacement non-check related	Suspend
51 Voids/Replacement check related	Suspend
52 Shadow Replacement	Deny
53 Shadow Claims Void	Deny
55 Mass Replacement NH	Suspend
56 Mass Replacement FIN	Suspend

**Edit Description**

Fail this edit if the billing provider number is not on the provider database.

**Edit Criteria**

If the billing provider number is not on the provider database, fail this edit with EOB 1000.

**EOB Code**

1000 – Billing provider's number is not on file – please verify provider number and resubmit.

**ARC Code**

B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

**Remark Code**

M57 – Missing/incomplete/invalid provider identifier.

***NCPDP Reject Code***

50- Non-matched pharmacy number.

***Method of Correction***

Claims failing this edit will be systematically denied.



**Edit: ESC 1000 Billing Provider ID Number Not on File***Note: Edit 1000 revised April 20, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	00	All	Header	No	Yes	0

Disposition	All
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit if the billing provider number is not on the provider database.

**Edit Criteria**

If the billing provider number is not on the provider database, fail this edit with EOB 1000.

**EOB Code**

1000 – Billing provider's number is not on file – please verify provider number and resubmit.

**ARC Code**

B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

**Remark Code**

M57 – Missing/incomplete/invalid provider number.

**NCPDP Reject Code**

**50- Non-matched pharmacy number.**

***Method of Correction***

Claims failing this edit will be systematically denied.

**Edit: ESC 1000 Billing Provider ID Number Not on File***Note: Edit 1000 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	00	All	Header	No	Yes	0

Disposition	All
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit if the billing provider number is not on the provider database.

**Edit Criteria**

If the billing provider number is not on the provider database, fail this edit with EOB 1000.

**EOB Code**

1000 – Billing provider's number is not on file – please verify provider number and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Remark Code**

**M57 – Missing/incomplete/invalid provider number.**

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1000 Billing Provider ID Number Not on File**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	00	All	Header	No	Yes	0

Disposition	All
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit if the billing provider number is not on the provider database.

**Edit Criteria**

If the billing provider number is not on the provider database, fail this edit with EOB 1000.

**EOB Code**

1000 – Billing provider's number is not on file – please verify provider number and resubmit.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1001 Billing Provider ID Not Eligible To Bill on This Program***Note: Edit 1001 revised April 20, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	00	All	Header	No	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Deny	Deny
ECS	Deny	Deny
Shadow	Deny	Deny
POS	Deny	Deny
Adjustments	Deny	<b>Deny</b>
Special Batch	Deny	Deny

**Edit Description**

Fail this edit if the billing provider number is not enrolled in the program billed.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled in the program billed, fail this edit with EOB 1001.

**EOB Code**

1001 – Billing provider is not enrolled in program billed – please verify provider number and resubmit.

**ARC Code**

B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

**Remark Code**

M57 – Missing/incomplete/invalid provider number.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1001 Billing Provider ID Not Eligible To Bill on This Program***Note: Edit 1001 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	00	All	Header	No	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Deny	Deny
ECS	Deny	Deny
Shadow	Deny	Deny
POS	Deny	Deny
Adjustments	Deny	Suspend
Special Batch	Deny	Deny

**Edit Description**

Fail this edit if the billing provider number is not enrolled in the program billed.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled in the program billed, fail this edit with EOB 1001.

**EOB Code**

1001 – Billing provider is not enrolled in program billed – please verify provider number and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Remark Code**

**M57 – Missing/incomplete/invalid provider number.**

**Method of Correction**

Claims failing this edit will be systematically denied.

## Edit: ESC 1001 Billing Provider Not Enrolled at Service Location for Program Billed

*Note: Edit 1001 revised May 30, 2001.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	00	All	Header	No	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Deny	Deny
ECS	Deny	Deny
Shadow	Deny	Deny
POS	Deny	Deny
Adjustments	Deny	Suspend
Special Batch	Deny	Deny

### Edit Description

Fail this edit if the billing provider number is not enrolled **at the service location submitted on the claim** for the program billed.

### Edit Criteria

If the provider database does not show the billing provider as being enrolled **at the service location submitted on the claim** for the program billed, fail this edit with EOB 1001.

### EOB Code

1001 – Billing provider is not enrolled **at the service location submitted on the claim** for the program billed – please verify provider number and resubmit.

### Method of Correction

Claims failing this edit will systematically deny.

## Edit: ESC 1001 Billing Provider ID Not Eligible To Bill on This Program

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	00	All	Header	No	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Deny	Deny
ECS	Deny	Deny
Shadow	Deny	Deny
POS	Deny	Deny
Adjustments	Deny	Suspend
Special Batch	Deny	Deny

### Edit Description

Fail this edit if the billing provider number is not enrolled in the program billed.

### Edit Criteria

If the provider database does not show the billing provider as being enrolled in the program billed, fail this edit with EOB 1001.

### EOB Code

1001 – Billing provider is not enrolled in program billed – please verify provider number and resubmit.

### Method of Correction

Claims failing this edit will be systematically denied.



**Edit: ESC 1002 Rendering Provider Not Eligible To Render Service on This Program***Note: Edit 1002 revised April 20, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	<b>Deny</b>
Shadow	Pay
POS	N/A
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit if the rendering provider number is not enrolled in the program billed.

**Edit Criteria**

If the provider database does not show the rendering provider as being enrolled in the program billed, fail this edit with EOB 1002.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

**EOB Code**

1002 – Rendering provider not enrolled in the program billed – please verify provider number and resubmit.

**ARC Code**

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

**Remark Code**

M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.

***Method of Correction***

Claims failing this edit will be systematically denied.

**Edit: ESC 1002 Rendering Provider Not Eligible To Render Service on This Program***Note: Edit 1002 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	N/A
Shadow	Pay
POS	N/A
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit if the rendering provider number is not enrolled in the program billed.

**Edit Criteria**

If the provider database does not show the rendering provider as being enrolled in the program billed, fail this edit with EOB 1002.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

**EOB Code**

1002 – Rendering provider not enrolled in the program billed – please verify provider number and resubmit.

**ARC Code**

**52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.**

**Remark Code**

**M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.**

***Method of Correction***

Claims failing this edit will be systematically denied.

## Edit: ESC 1002 Rendering Provider Not Eligible To Render Service on This Program

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	N/A
Shadow	Pay
POS	N/A
Adjustments	Deny
Special Batch	Deny

### Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed.

### Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed, fail this edit with EOB 1002.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

### EOB Code

1002 – Rendering provider not enrolled in the program billed – please verify provider number and resubmit.

### Method of Correction

Claims failing this edit will be systematically denied.

**Edit: ESC 1003 Billing Provider Not Enrolled at Service Location  
for the Date of Service***Note: Edit 1003 revised September 26, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, C, D, H, M, O	01	All	Detail	No	Yes	0

Disposition	B, C, D, H, M, O
00 Other	Deny
10 Paper w/o attach	Suspend
11 Paper w/attach	Suspend
20 ECS w/o attach	Deny
21 ECS w/attach	Deny
22 Shadow	Pay
25 Point of Service w/o attach	Reject
26 Point of Service w/attach	Reject
50 Voids/Replacement non-check related	Deny
51 Voids/Replacement check related	Deny
52 Shadow Replacement	Pay
54 Mass Adj. Void Transaction	Pay
55 Mass Replacement NH	Deny
56 Mass Replacement FIN	Deny
57 Mass Adj. Reprocess by EDS SE	Inactive
58 Replacement Processed by EDS SE	Inactive
61 Elec. Replacement w/attach or claim note	Deny
62 Elec. Replacement w/o attach or claim note	Deny
64 Spenddown EOM auto-initiated Mass Replacement	Deny
67 Shadow Mass Replacement	Deny
72 Payer Elec. Replacement	Deny
80 Claims Reprocessed by EDS SE	Deny
90 Special Projects	Suspend

**Edit Description**

Fail this edit if the billing provider number is not enrolled at the service location submitted on the claim for the program billed for the dates of service on the detail line.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled at the service location submitted on the claim for the program billed for the dates of service on the detail line, fail this edit with EOB 1003.

For crossover claims, this applies to part B claims submitted on the HCFA-1500 claim form and Part B claims submitted on the UB-92 claim form.

### **EOB Code**

1003 – Billing provider not enrolled at the service location submitted on the claim for the program billed for the dates of service – please verify provider number and resubmit.

### **ARC Code**

B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

### **Remark Code**

M57 – Missing/incomplete/invalid provider number.

### **Method of Correction**

Claims failing this edit will systematically deny.

**For paper claims, review to see if the billing provider number was correct on the claim. If correct, then check to see if the detail dates of service on the detail, failing this edit, was keyed correctly. Correct the data if needed and resubmit (Do Not Force). If the claim data in question was keyed correctly on the claim, then deny the edit.**

**Edit: ESC 1003 Billing Provider Not Enrolled at Service Location  
for the Date of Service***Note: Edit 1003 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, C, D, H, M, O	01	All	Detail	No	Yes	0

Disposition	B, C, D, H, M, O
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit if the billing provider number is not enrolled at the service location submitted on the claim for the program billed for the dates of service on the detail line.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled at the service location submitted on the claim for the program billed for the dates of service on the detail line, fail this edit with EOB 1003.

For crossover claims, this applies to part B claims submitted on the HCFA-1500 claim form and Part B claims submitted on the UB-92 claim form.

**EOB Code**

1003 – Billing provider not enrolled at the service location submitted on the claim for the program billed for the dates of service – please verify provider number and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Remark Code**

**M57 – Missing/incomplete/invalid provider number.**



***Method of Correction***

Claims failing this edit will systematically deny.

**Edit: ESC 1003 Billing Provider Not Enrolled at Service Location  
for the Date of Service**

<i>Note: Edit 1003 revised May 30, 2001.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, C, D, H, M, O	01	All	Detail	No	Yes	0

Disposition	B, C, D, H, M, O
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit if the billing provider number is not enrolled **at the service location submitted on the claim** for the program billed for the dates of service on the detail line.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled **at the service location submitted on the claim** for the program billed for the dates of service on the detail line, fail this edit with EOB 1003.

For crossover claims, this applies to part B claims submitted on the HCFA-1500 claim form and Part B claims submitted on the UB-92 claim form.

**EOB Code**

1003 – Billing provider not enrolled **at the service location submitted on the claim** for the program billed for the dates of service – please verify provider number and resubmit.

**Method of Correction**

Claims failing this edit will systematically deny.

## Edit: ESC 1003 Billing Provider Not Eligible To Bill on This Program for the Date of Service

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, C, D, H, M, O	01	All	Detail	No	Yes	0

Disposition	B, C, D, H, M, O
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	Deny
Special Batch	Deny

### Edit Description

Fail this edit if the billing provider number is not enrolled in the program billed for the date of service on the detail line.

### Edit Criteria

If the provider database does not show the billing provider as being enrolled in the program billed for the dates of service on the detail line, fail this edit with EOB 1003.

For crossover claims, this will apply to part B claims submitted on the HCFA 1500 claim form and Part B claims submitted on the UB-92 claim form.

### EOB Code

1003 – Billing Provider not enrolled in the program billed for the dates of service – please verify provider number and resubmit.

### Method of Correction

Claims failing this edit will be systematically denied.

## Edit: ESC 1004 Rendering Provider Not Eligible To Render Service on This Program for the Date of Service

*Note: Edit 1004 revised July 26, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, B, D	01	All	Detail	No	Yes	0

Disposition	M	B	D
00 Other	Deny	Deny	Inactive
10 Paper w/o attach	Deny	Deny	Inactive
11 Paper w/attach	Deny	Deny	Inactive
20 ECS w/o attach	Deny	Deny	Inactive
21 ECS w/attach	Deny	Deny	Inactive
22 Shadow	Deny	Deny	Inactive
25 Point of Service w/o attach	Deny	Deny	Inactive
26 Point of Service w/attach	Deny	Deny	Inactive
50 Voids/Replacement non-check related	Deny	Deny	Inactive
51 Voids/Replacement check related	Deny	Deny	Inactive
52 Shadow Replacement	Deny	Deny	Inactive
55 Mass Replacement NH	Deny	Deny	Inactive
56 Mass Replacement FIN	Deny	Deny	Inactive
61 Elec. Replacement w/attach or claim note	Deny	Deny	Inactive
62 Elec. Replacement w/o attach or claim note	Deny	Deny	Inactive
64 Spenddown EOM auto-initiated Mass Replacement	Deny	Deny	Inactive
72 Payer Elec. Replacement	Deny	Deny	Inactive
80 Claims Reprocessed by EDS SE	Deny	Deny	Inactive
90 Special Batch	Deny	Deny	Inactive

### Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed for the date of service.

### Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed for the dates of service, fail this edit with EOB 1004.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

**\*\*Per Angela Jackson at OMPP, inactivate this edit for Dental claim type, until further notice.**

### **EOB Code**

1004 – Rendering provider not enrolled in the program billed for the dates of service – please verify provider number and resubmit.

### **ARC Code**

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

### **Remark Code**

M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.

### **Method of Correction**

Claims failing this edit will be systematically denied.

## Edit: ESC 1004 Rendering Provider Not Eligible To Render Service on This Program for the Date of Service

*Note: Edit 1004 revised September 26, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M	B	D
00 Other	Deny	Deny	Inactive
10 Paper w/o attach	Suspend	Suspend	Inactive
11 Paper w/attach	Suspend	Suspend	Inactive
20 ECS w/o attach	Deny	Deny	Inactive
21 ECS w/attach	Deny	Deny	Inactive
22 Shadow	Deny	Deny	Inactive
25 Point of Service w/o attach	Deny	Deny	Inactive
26 Point of Service w/attach	Deny	Deny	Inactive
50 Voids/Replacement non-check related	Deny	Deny	Inactive
51 Voids/Replacement check related	Deny	Deny	Inactive
52 Shadow Replacement	Deny	Deny	Inactive
54 Mass Adj. Void Transaction	Deny	Deny	Inactive
55 Mass Replacement NH	Deny	Deny	Inactive
56 Mass Replacement FIN	Deny	Deny	Inactive
61 Elec. Replacement w/attach or claim note	Deny	Deny	Inactive
62 Elec. Replacement w/o attach or claim note	Deny	Deny	Inactive
64 Spenddown EOM auto-initiated Mass Replacement	Deny	Deny	Inactive
72 Payer Elec. Replacement	Deny	Deny	Inactive
80 Claims Reprocessed by EDS SE	Suspend	Suspend	Inactive
90 Special Projects	Deny	Deny	Inactive

### Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed for the date of service.

### Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed for the dates of service, fail this edit with EOB 1004.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

### **EOB Code**

1004 – Rendering provider not enrolled in the program billed for the dates of service – please verify provider number and resubmit.

### **ARC Code**

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

### **Remark Code**

M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.

### **Method of Correction**

Claims failing this edit will be systematically denied.

**For Paper claims, review to see if the rendering provider number on the detail, failing the edit, was keyed correctly. Correct the provider number if needed and resubmit (do not force). If the provider number was keyed correctly on the claim, then deny the edit.**

## Edit: ESC 1004 Rendering Provider Not Eligible To Render Service on This Program for the Date of Service

*Note: Edit 1004 revised April 20, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M	b
Paper Claim	Deny	Deny
ECS	Deny	Deny
Shadow	Deny	Deny
POS	N/A	Deny
Adjustments	Pay	Deny
Special Batch	Deny	<b>Deny</b>

### Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed for the date of service.

### Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed for the dates of service, fail this edit with EOB 1004.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

### EOB Code

1004 – Rendering provider not enrolled in the program billed for the dates of service – please verify provider number and resubmit.

### ARC Code

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

### Remark Code

M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.



***Method of Correction***

Claims failing this edit will be systematically denied.

## Edit: ESC 1004 Rendering Provider Not Eligible To Render Service on This Program for the Date of Service

*Note: Edit 1004 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M	b
Paper Claim	Deny	<b>Deny</b>
ECS	Deny	<b>Deny</b>
Shadow	Deny	<b>Deny</b>
POS	N/A	<b>Deny</b>
Adjustments	Pay	<b>Deny</b>
Special Batch	Deny	<b>Suspend</b>

### Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed for the date of service.

### Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed for the dates of service, fail this edit with EOB 1004.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

### EOB Code

1004 – Rendering provider not enrolled in the program billed for the dates of service – please verify provider number and resubmit.

### ARC Code

**52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.**

### Remark Code

**M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.**

***Method of Correction***

Claims failing this edit will be systematically denied.

## Edit: ESC 1004 Rendering Provider Not Eligible To Render Service on This Program for the Date of Service

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Pay
Special Batch	Deny

### Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed for the date of service.

### Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed for the dates of service, fail this edit with EOB 1004.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

### EOB Code

1004 – Rendering provider not enrolled in the program billed for the dates of service  
– please verify provider number and resubmit.

### Method of Correction

Claims failing this edit will be systematically denied.

**Edit: ESC 1005 Service Date Prior to Rate Approval Date***Note: Edit 1005 revised April 20, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	01	All	Detail	No	Yes	0

Disposition	H	I	L	O
Paper Claim	Deny	<b>Deny</b>	Deny	Inactive
ECS	Deny	<b>Deny</b>	Deny	<b>Inactive</b>
Shadow	Deny	Deny	Deny	<b>Inactive</b>
POS	N/A	<b>Deny</b>	N/A	<b>Inactive</b>
Adjustments	<b>Deny</b>	<b>Deny</b>	<b>Deny</b>	<b>Inactive</b>
Special Batch	<b>Deny</b>	<b>Deny</b>	Deny	<b>Inactive</b>

**Edit Description**

Fail this edit if the service rendered is prior to the date the provider has been assigned a rate.

**Edit Criteria**

If the service rendered is prior to the date the provider has been assigned a rate as shown on the provider base window accommodation fee table, fail this edit with EOB 1005.

This edit only applies to claims with a date of service prior to 1995.

**EOB Code**

1005 – Service date prior to rate approval date – please verify date and resubmit.

**ARC Code**

B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

**Remark Code**

N65 – Procedure code procedure rate count cannot be determined, or was not on file, for the date of service/provider.

***Method of Correction***

Claims failing this edit will be systematically denied.

**Outpatient claim type is inactive, does not apply to this edit.**

**Edit: ESC 1005 Service Date Prior to Rate Approval Date***Note: Edit 1005 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	01	All	Detail	No	Yes	0

Disposition	H	I	L, O
Paper Claim	Deny	Suspend	Deny
ECS	Deny	Suspend	Deny
Shadow	Deny	Deny	Deny
POS	N/A	N/A	N/A
Adjustments	N/A	N/A	N/A
Special Batch	Suspend	Suspend	Deny

**Edit Description**

Fail this edit if the service rendered is prior to the date the provider has been assigned a rate.

**Edit Criteria**

If the service rendered is prior to the date the provider has been assigned a rate as shown on the provider base window accommodation fee table, fail this edit with EOB 1005.

This edit only applies to claims with a date of service prior to 1995.

**EOB Code**

1005 – Service date prior to rate approval date – please verify date and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Remark Code**

**N65 – Procedure code procedure rate count cannot be determined, or was not on file, for the date of service/provider.**

***Method of Correction***

Claims failing this edit will be systematically denied.



**Edit: ESC 1005 Service Date Prior to Rate Approval Date**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	01	All	Detail	No	Yes	0

Disposition	H	I	L, O
Paper Claim	Deny	Suspend	Deny
ECS	Deny	Suspend	Deny
Shadow	Deny	Deny	Deny
POS	N/A	N/A	N/A
Adjustments	N/A	N/A	N/A
Special Batch	Suspend	Suspend	Deny

**Edit Description**

Fail this edit if the service rendered is prior to the date the provider has been assigned a rate.

**Edit Criteria**

If the service rendered is prior to the date the provider has been assigned a rate as shown on the provider base window accommodation fee table, fail this edit with EOB 1005.

This edit only applies to claims with a date of service prior to 1995.

**EOB Code**

1005 – Service date prior to rate approval date – please verify date and resubmit.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1006 Provider Not Authorized To Bill Ancillary**

<i>Note: Edit 1006 revised January 14, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	01	All	Detail	No	Yes	0

Disposition	H, I, L, O
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit if the provider is not authorized to bill this service for the dates of service.

**Edit Criteria**

If the authorization code on the hospital ancillary authorization screen portion of the provider file is not indicated as Y, fail this edit with EOB 1006.

**EOB Code**

1006 – Service date before provider authorized to bill ancillary – please verify date and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Remark Code**

None.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1006 Provider Not Authorized To Bill Ancillary**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, L, O	01	All	Detail	No	Yes	0

Disposition	H, I, L, O
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit if the provider is not authorized to bill this service for the dates of service.

**Edit Criteria**

If the authorization code on the hospital ancillary authorization screen portion of the provider file is not indicated as **Y**, fail this edit with EOB 1006.

**EOB Code**

1006 – Service date before provider authorized to bill ancillary – please verify date and resubmit.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1007 Rendering Provider Number Not on Provider Database***Note: Edit 1007 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M	01	All	Detail	No	Yes	0

Disposition	B	M
Paper Claim	Suspend	Suspend
ECS	Deny	Deny
Shadow	Inactive	Deny
POS	Deny	Deny
Adjustments	Suspend	Suspend
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the provider number of the rendering physician is not on the provider database.

**Edit Criteria**

If the provider number of the rendering physician is not on the provider database, fail this edit with EOB 1007.

**EOB Code**

1007 – Provider number of the rendering physician is not on file – please verify provider number and resubmit.

**ARC Code**

**52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.**

**Remark Code**

**M57 – Missing/incomplete/invalid provider number.**

**Method of Correction**

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1007.

**Edit: ESC 1007 Rendering Provider Number Not on Provider Database***Note: Edit 1007 revised November 21, 2001.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M	01	All	Detail	No	Yes	0

Disposition	B	M
Paper Claim	<b>Suspend</b>	Suspend
ECS	<b>Deny</b>	Deny
Shadow	<b>Inactive</b>	Deny
POS	<b>Deny</b>	<b>Deny</b>
Adjustments	<b>Suspend</b>	Suspend
Special Batch	<b>Suspend</b>	Suspend

**Edit Description**

Fail this edit if the provider number of the rendering physician is not on the provider database.

**Edit Criteria**

If the provider number of the rendering physician is not on the provider database, fail this edit with EOB 1007.

**EOB Code**

1007 – Provider number of the rendering physician is not on file – please verify provider number and resubmit.

**Method of Correction**

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1007.

## Edit: ESC 1007 Rendering Provider Number Not on Provider Database

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

### Edit Description

Fail this edit if the provider number of the rendering physician is not on the provider database.

### Edit Criteria

If the provider number of the rendering physician is not on the provider database, fail this edit with EOB 1007.

### EOB Code

1007 – Provider number of the rendering physician is not on file – please verify provider number and resubmit.

### Method of Correction

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1007.

**Edit: ESC 1008 Rendering Provider Must Have an Individual Provider Number***Note: Edit 1008 revised July 26, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, D	01	All	Detail	No	Yes	0

Disposition	M	D
00 Other	Deny	Inactive
10 Paper w/o attach	Deny	Inactive
11 Paper w/attach	Deny	Inactive
20 ECS w/o attach	Deny	Inactive
21 ECS w/attach	Deny	Inactive
22 Shadow	Deny	Inactive
25 Point of Service w/o attach	Deny	Inactive
26 Point of Service w/attach	Deny	Inactive
50 Voids/Replacement non-check related	Deny	Inactive
51 Voids/Replacement check related	Deny	Inactive
52 Shadow Replacement	Deny	Inactive
55 Mass Replacement NH	Deny	Inactive
56 Mass Replacement FIN	Deny	Inactive
61 Elec. Replacement w/attach or claim note	Deny	Inactive
62 Elec. Replacement w/o attach or claim note	Deny	Inactive
64 Spenddown EOM auto-initiated Mass Replacement	Deny	Inactive
72 Payer Elec. Replacement	Deny	Inactive

**Edit Description**

Fail this edit if the rendering provider is not an individual provider.

**Edit Criteria**

If the rendering physician is a group number, fail this edit with EOB 1008.  
The following provider type/specialties are excluded from this edit:

- 04      Rehabilitation Center
- 08/085   Title V Clinic
- 12      School Corporation
- 13      Public Health Department
- 19      Optician
- 25      Durable Medical Clinic

26	Transportation
27	Dentist
28	Laboratory
29	Radiology Provider

**\*\* Per Angela Jackson at OMPP, this edit is inactive for Dental claim type, until further notice.**

### **EOB Code**

1008 – The rendering provider must be an individual provider – please verify provider number and resubmit.

### **ARC Code**

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

### **Remark Code**

M57 – Missing/incomplete/invalid provider number.

### **Method of Correction**

Claims failing this edit will be systematically denied.



**Edit: ESC 1008 Rendering Provider Must Have an Individual Provider Number***Note: Edit 1008 revised April 20, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	<b>Deny</b>
Adjustments	<b>Deny</b>
Special Batch	Deny

**Edit Description**

Fail this edit if the rendering provider is not an individual provider.

**Edit Criteria**

If the rendering physician is a group number, fail this edit with EOB 1008.  
The following provider type/specialties are excluded from this edit:

05	Rehabilitation Center
08/085	Title V Clinic
14	School Corporation
15	Public Health Department
20	Optician
30	Durable Medical Clinic
31	Transportation
32	Dentist
33	Laboratory
34	Radiology Provider

**EOB Code**

1008 – The rendering provider must be an individual provider – please verify provider number and resubmit.

**ARC Code**

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

***Remark Code***

M57 – Missing/incomplete/invalid provider number.

***Method of Correction***

Claims failing this edit will be systematically denied.

**Edit: ESC 1008 Rendering Provider Must Have an Individual Provider Number***Note: Edit 1008 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	Deny

**Edit Description**

Fail this edit if the rendering provider is not an individual provider.

**Edit Criteria**

If the rendering physician is a group number, fail this edit with EOB 1008.  
The following provider type/specialties are excluded from this edit:

06	Rehabilitation Center
08/085	Title V Clinic
16	School Corporation
17	Public Health Department
21	Optician
35	Durable Medical Clinic
36	Transportation
37	Dentist
38	Laboratory
39	Radiology Provider

**EOB Code**

1008 – The rendering provider must be an individual provider – please verify provider number and resubmit.

**ARC Code**

**52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.**

***Remark Code***

**M57 – Missing/incomplete/invalid provider number.**

***Method of Correction***

Claims failing this edit will be systematically denied.

**Edit: ESC 1008 Rendering Provider Must Have an Individual Provider Number**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	Deny

**Edit Description**

Fail this edit if the rendering provider is not an individual provider.

**Edit Criteria**

If the rendering physician is a group number, fail this edit with EOB 1008.  
The following provider type/specialties are excluded from this edit:

07	Rehabilitation Center
08/085	Title V Clinic
18	School Corporation
19	Public Health Department
22	Optician
40	Durable Medical Clinic
41	Transportation
42	Dentist
43	Laboratory
44	Radiology Provider

**EOB Code**

1008 – The rendering provider must be an individual provider – please verify provider number and resubmit.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1010 Rendering Provider Not a Member of the Billing Group, or Rendering not Equal Billing***Note: Edit 1010 revised July 26, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, D	01	All	Detail	Yes	Yes	0

Disposition	M	D
00 Other	Deny	Inactive
10 Paper w/o attach	Deny	Inactive
11 Paper w/attach	Deny	Inactive
20 ECS w/o attach	Deny	Inactive
21 ECS w/attach	Deny	Inactive
22 Shadow	Pay	Inactive
25 Point of Service w/o attach	Deny	Inactive
26 Point of Service w/attach	Deny	Inactive
50 Voids/Replacement non-check related	Deny	Inactive
51 Voids/Replacement check related	Deny	Inactive
52 Shadow Replacement	Pay	Inactive
55 Mass Replacement NH	Deny	Inactive
56 Mass Replacement FIN	Deny	Inactive
61 Elec. Replacement w/attach or claim note	Deny	Inactive
62 Elec. Replacement w/o attach or claim note	Deny	Inactive
64 Spenddown EOM auto-initiated Mass Replacement	Deny	Inactive
72 Payer Elec. Replacement	Deny	Inactive
80 Claims Reprocessed by EDS SE	Deny	Inactive

**Edit Description**

Fail this edit if the rendering provider is not a member of the billing group, or if the rendering provider is not equal to the billing provider.

**Edit Criteria**

If the rendering provider is not a member of the billing group listed on the claim, or if the rendering provider is not equal to the billing provider, fail this edit with EOB 1010.

If the rendering provider number is the same as the billing provider number, bypass this edit.

**\*\*Per Angela Jackson at OMPP, make this edit inactive for Dental claim type, until further notice.**

### **EOB Code**

1010 – Rendering provider is not an eligible member of the billing group or the billing provider is not equal to the rendering provider. Please verify provider number and resubmit.

### **ARC Code**

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

### **Remark Code**

M57 – Missing/incomplete/invalid provider number.

### **Method of Correction**

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1010.

**Edit: ESC 1010 Rendering Provider Not a Member of the Billing Group, or Rendering not Equal Billing***Note: Edit 1010 revised September 26, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	Yes	Yes	0

Disposition	M	D
00 Other	Suspend	Inactive
20 ECS w/o attach	Deny	Inactive
21 ECS w/attach	Deny	Inactive
22 Shadow	Pay	Inactive
50 Voids/Replacement non-check related	Deny	Inactive
51 Voids/Replacement check related	Deny	Inactive
52 Shadow Replacement	Pay	Inactive
56 Mass Replacement FIN	Deny	Inactive
61 Elec. Replacement w/attach or claim note	Deny	Inactive
62 Elec. Replacement w/o attach or claim note	Deny	Inactive
64 Spenddown EOM auto-initiated Mass Replacement	Deny	Inactive
72 Payer Elec. Replacement	Deny	Inactive
80 Claims Reprocessed by EDS SE	Deny	Inactive

**Edit Description**

Fail this edit if the rendering provider is not a member of the billing group, or if the rendering provider is not equal to the billing provider.

**Edit Criteria**

If the rendering provider is not a member of the billing group listed on the claim, or if the rendering provider is not equal to the billing provider, fail this edit with EOB 1010.

If the rendering provider number is the same as the billing provider number, bypass this edit.

**EOB Code**

1010 – Rendering provider is not an eligible member of the billing group or the billing provider is not equal to the rendering provider. Please verify provider number and resubmit.



## **ARC Code**

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

## **Remark Code**

M57 – Missing/incomplete/invalid provider number.

## **Method of Correction**

- Check for keying errors and correct any errors found.
- **For paper claims, review to see if the rendering provider numbers on the detail were keyed correctly. If these are correct, check the billing provider. Correct the provider number if needed and resubmit (do not force). If the provider numbers were all keyed correctly on the claim, then deny the claim with edit 1010.**

If no keying errors are found, fail this edit with EOB 1010.

**Edit: ESC 1010 Rendering Provider Not a Member of the Billing Group, or Rendering not Equal Billing***Note: Edit 1010 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	N/A
POS	Suspend
Adjustments	Pay
Special Batch	Suspend

**Edit Description**

Fail this edit if the rendering provider is not a member of the billing group, or if the rendering provider is not equal to the billing provider.

**Edit Criteria**

If the rendering provider is not a member of the billing group listed on the claim, or if the rendering provider is not equal to the billing provider, fail this edit with EOB 1010.

If the rendering provider number is the same as the billing provider number, bypass this edit.

**EOB Code**

1010 – Rendering provider is not an eligible member of the billing group or the billing provider is not equal to the rendering provider. Please verify provider number and resubmit.

**ARC Code**

**52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.**

**Remark Code**

**M57 – Missing/incomplete/invalid provider number.**

***Method of Correction***

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1010.

## Edit: ESC 1010 Rendering Provider Not a Member of the Billing Group, or Rendering not Equal Billing

*Note: Edit 1010 revised November 12, 2003.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	N/A
POS	Suspend
Adjustments	Pay
Special Batch	Suspend

### Edit Description

Fail this edit if the rendering provider is not a member of the billing group, or if the rendering provider is not equal to the billing provider.

### Edit Criteria

If the rendering provider is not a member of the billing group listed on the claim, or if the rendering provider is not equal to the billing provider, fail this edit with EOB 1010.

If the rendering provider number is the same as the billing provider number, bypass this edit.

### EOB Code

1010 – Rendering provider is not an eligible member of the billing group or the billing provider is not equal to the rendering provider. Please verify provider number and resubmit.

### Method of Correction

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1010.

## Edit: ESC 1010 Rendering Provider Not a Member of the Billing Group, or Rendering not Equal Billing

*Note: Edit 1010 revised May 30, 2001.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	N/A
POS	Suspend
Adjustments	Pay
Special Batch	Suspend

### Edit Description

Fail this edit if the rendering provider is not a member of the billing group, **or if the rendering provider is not equal to the billing provider.**

### Edit Criteria

If the rendering provider is not a member of the billing group listed on the claim, **or if the rendering provider is not equal to the billing provider**, fail this edit with EOB 1010.

If the rendering provider number is the same as the billing provider number, bypass this edit.

### EOB Code

1010 – Rendering provider is not an eligible member of the billing group **or the billing provider is not equal to the rendering provider.** Please verify provider number and resubmit.

### Method of Correction

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1010.

## Edit: ESC 1010 Rendering Provider Not a Member of the Billing Group

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	N/A
POS	N/A
Adjustments	Pay
Special Batch	Suspend

### Edit Description

Fail this edit if the rendering provider is not a member of the billing group.

### Edit Criteria

If the rendering provider is not a member of the billing group listed on the claim, fail this edit with EOB 1010.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

### EOB Code

1010 – Rendering provider is not an eligible member of the billing group – please verify provider number and resubmit.

### Method of Correction

- Check for keying errors and correct any errors found.
- If no keying errors are found, fail this edit with EOB 1010.

**Edit: ESC 1011 Member's PMP Is Missing***Note: Edit 1011 revised November 30, 2004.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	01	PCCM	Detail	Yes	Yes	0

Disposition	H	I, M, O
Paper Claim	Suspend	Deny
ECS	Suspend	Deny
Shadow	Deny	Deny
POS	Suspend	Deny
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the provider specialty or procedure code listed on the claim is not part of the PCCM program or when the rendering provider is not the member's PMP.

**Edit Criteria**

If the procedure code or provider specialty requires a referral from the PMP, and there is no referring provider and certification code, either the rendering or performing provider must be the PMP for the 'from date of service' on the detail, or the claim will fail this edit with EOB 1011.

Regions 40 (converted claims) and 41 (590 converted claims) are excluded from the edit.

Edit 1011 is bypassed when any one of the following conditions is true:

- The rendering provider is enrolled as a PMP in the same group as the member's PMP (medical claims only).
- The procedure code billed is listed as non-covered on the reference files for PCCM.
- The principal or primary diagnosis code is designated as emergency on the reference files (UB-92 claims).
- The rendering provider specialty is one of the following:

Table 4-1.1 – Rendering Provider Specialty

Code	Specialty
240	Pharmacy
270-277	Dental

Table 4-1.1 – Rendering Provider Specialty

Code	Specialty
150	Chiropractic
110-117, 011, 339	Mental Health
180, 190, 330	Vision
140	Podiatry
260-266	Transportation

- The claim has one of the procedure code or diagnosis code combinations referred to below (medical claims only).
  - For diagnosis codes related to this edit:  
In *AIM*, click **Table Maintenance**, then click **System Code Tables**, then click **Diagnosis Type**, and select access diagnosis types 22, 23, and 24, or see *Appendix A*.
  - For procedure codes applicable to this edit:  
In *AIM*, click **Table Maintenance**, then click **System Code Tables**, then click **HCPC Procedure Types**, and select access procedure types 73 and 74 or see *Appendix A*.
- The provider specialty is 212.
- Medical claims billed with a provider specialty of 120 with DOS after August 1, 1998.
- Medical claims billed for all provider specialties with DOS after July 1, 1996.

**EOB Code**

1011 – The member is enrolled in the Hoosier Healthwise Primary Care Case Management Program. Claim must have member's primary medical provider information – please provide information and resubmit.

**ARC Code**

38 – Services not provided or authorized by designated (Network/Primary Care) Providers.

**Remark Code**

M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.

**Method of Correction**

- Claims failing this edit will systematically deny.
- **Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.**



**Edit: ESC 1011 Member's PMP Is Missing***Note: Edit 1011 revised March 31, 2000.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	01	PCCM	Detail	Yes	Yes	0

Disposition	H	I, M, O
Paper Claim	Suspend	Deny
ECS	Suspend	Deny
Shadow	Deny	Deny
POS	Suspend	Deny
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the provider specialty or procedure code listed on the claim is not part of the PCCM program or when the rendering provider is not the member's PMP.

**Edit Criteria**

If the procedure code or provider specialty requires a referral from the PMP, and there is no referring provider and certification code, either the rendering or performing provider must be the PMP for the 'from date of service' on the detail, or the claim will fail this edit with EOB 1011.

Regions 40 (converted claims) and 41 (590 converted claims) are excluded from the edit.

Edit 1011 is bypassed when any one of the following conditions is true:

- The rendering provider is enrolled as a PMP in the same group as the member's PMP (medical claims only).
- The procedure code billed is listed as non-covered on the reference files for PCCM.
- The principal or primary diagnosis code is designated as emergency on the reference files (UB-92 claims).
- The rendering provider specialty is one of the following:

Table 4-1.2 – Rendering Provider Specialty

Code	Specialty
240	Pharmacy
270-277	Dental

Table 4-1.2 – Rendering Provider Specialty

Code	Specialty
150	Chiropractic
110-117, 011, 339	Mental Health
180, 190, 330	Vision
140	Podiatry
260-266	Transportation

- The claim has one of the procedure code or diagnosis code combinations referred to below (medical claims only).
  - For diagnosis codes related to this edit:  
In *AIM*, click **Table Maintenance**, then click **System Code Tables**, then click **Diagnosis Type**, and select access diagnosis types 22, 23, and 24, or see *Appendix A*.
  - For procedure codes applicable to this edit:  
In *AIM*, click **Table Maintenance**, then click **System Code Tables**, then click **HCPC Procedure Types**, and select access procedure types 73 and 74 or see *Appendix A*.
- The provider specialty is 212.
- Medical claims billed with a provider specialty of 120 with DOS after August 1, 1998.
- Medical claims billed for all provider specialties with DOS after July 1, 1996.

**EOB Code**

1011 – The member is enrolled in the Hoosier Healthwise Primary Care Case Management Program. Claim must have member's primary medical provider information – please provide information and resubmit.

**Method of Correction**

Claims failing this edit will systematically deny.

**Edit: ESC 1011 Member's PMP Is Missing**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	01	PCCM	Detail	Yes	Yes	0

Disposition	H	I, M, O
Paper Claim	Suspend	Deny
ECS	Suspend	Deny
Shadow	Deny	Deny
POS	N/A	N/A
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the provider specialty or procedure code listed on the claim is not part of the PCCM program or when the rendering provider is not the member's PMP.

**Edit Criteria**

If the procedure code or provider specialty requires a referral from the PMP, and there is no referring provider and certification code, then either the rendering or performing provider must be the PMP for the from date of service on the detail, or the claim will fail this edit with EOB 1011.

Regions 40 (converted claims) and 41 (590 converted claims) are excluded from the edit.

Edit 1011 is bypassed when any one of the following conditions is true:

- The rendering provider is enrolled as a PMP in the same group as the member's PMP (medical claims only).
- The procedure code billed is listed as noncovered on the reference files for PCCM.
- The principal or primary diagnosis code is designated as emergency on the reference files (UB-92 claims).
- The rendering provider specialty is one of the following:

Table 4-1.1 – Rendering Provider Specialty

Code	Specialty
240	Pharmacy
270-277	Dental

(Continued)

Table 4-1.1 – Rendering Provider Specialty

Code	Specialty
150	Chiropractic
110-117, 011, 339	Mental Health
180, 190, 330	Vision
140	Podiatry
260-266	Transportation

- The claim has one of the procedure code or diagnosis code combinations referred to below (Medical claims only).
  - For diagnosis codes related to this edit:  
In *AIM*, click **Table Maintenance**, then click **System Code Tables**, then click **Diagnosis Type**, and select access diagnosis types 22, 23, and 24, or see *Appendix A*.
  - For procedure codes applicable to this edit:  
In *AIM*, click **Table Maintenance**, then click **System Code Tables**, then click **HCPC Procedure Types**, and select access procedure types 73 and 74 or see *Appendix A*.
- Home health, inpatient, and outpatient claims billed with a provider specialty of 212 with DOS after July 1, 1996.
- Medical claims billed with a provider specialty of 120 with DOS after August 1, 1998.
- Medical claims billed for all provider specialties with DOS after July 1, 1996.

## EOB Code

1011 – The member is enrolled in the Hoosier Healthwise Primary Care Case Management Program. Claim must have member's primary medical provider information – please provide information and resubmit.

## Method of Correction

Claims failing this edit will be systematically denied.

## Edit: ESC 1012 Rendering Provider Specialty Not Eligible To Render This Procedure Code

*Note: Edit 1012 revised April 20, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
Medical for Identified Specialties only	01	All	Detail	No	Yes	0

Disposition	HCFA for active specialties
Paper Claim	<b>Deny</b>
ECS	<b>Deny</b>
Shadow	<b>Deny</b>
POS	<b>Deny</b>
Adjustments	<b>Deny</b>
Special Batch	<b>Deny</b>

### Edit Description

Fail this edit if the rendering provider specialty is not eligible to render the procedure code billed.

### Edit Criteria

If the rendering provider is not eligible to render the procedure code billed per the procedure code database, fail this edit with EOB 1012.

- For nurses specializing as nurse practitioners, determined by the billing provider type of 16 and billing provider specialty of 084, 090, 092, 091, or 093, if they **do not** bill a nurse practitioner procedure code, (procedure type 40, see *Appendix A*), deny the claim with Edit 1012.
- For midwives, determined by a billing provider type of 09 and a billing provider specialty 095 if they **do not** bill one of the midwife procedure codes, (procedure type 41, see *Appendix A*), deny the claim with Edit 1012.
- For providers with a specialty of care coordinator, 210 or 212, if they **do not** bill one of the care coordination codes, (procedure type 47, see *Appendix A*) with V689 as one of the diagnosis codes, deny the claim with Edit 1012.
- If the provider type is miscellaneous, and the specialty is case management (AIDS), 211, and the procedure code **is not** HIV/AIDS case management (Procedure type 49, see *Appendix A*), deny the claim with Edit 1012.
- If the procedure type is case management (AIDS) (procedure type 49, see *Appendix A*), but the provider type is not miscellaneous, and the provider

specialty is neither care coordinator nor case management (AIDS) and V689 is not one of the header diagnosis codes, deny the claim with Edit 1012.

- Specialty type 030, 031, 032, or 033 cannot submit a medical claim with procedure codes, the claim will autodeney. These providers should resubmit the claim on a UB-92 claim form. Deny the claim with Edit 1012.
- Provider type 26 and speciality 266 – *Family member transportation provider* can only submit a medical claim with HCPCS A0090 after December 31, 2003, or with procedure code Y9012 before January 1, 2004. Deny the claim with edit 1012.

**This edit is only active for the specialties identified below. The procedure will be valid or invalid for the procedure codes, as evident in the HCPC Procedure code window under specialty restrictions. The specialties that are active for edit 1012 are:**

- **150- Chiropractor**
- **180- Optometrist**
- **190-Optician**
- **200-Audiologist**
- **211- HIV Case Manager**
- **212- CSHCS Care Coordinator**
- **220- Hearing Aid Dealer**
- **250- DME- Medical Supply Dealer**
- **260- Ambulance**
- **261- Air Ambulance**
- **262- Bus**
- **263- Taxi**
- **264- Common Carrier (Ambulatory)**
- **265- Common Carrier (Non-Ambulatory)\_**
- **266- Family Member**
- **350- Aged and Disabled Waiver**
- **351- Autism Waiver**
- **354- Medical Fragile Children's Waiver**
- **356- Waiver- Traumatic Brain Injury**
- **357- Waiver-Assisted Living**
- **359- Waiver – DD**
- **360- Waiver- Support Services**

## **EOB Code**

1012 – Procedure billed not payable for this provider's specialty.

**ARC Code**

**B6 – This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.**

**Method of Correction**

**Claims failing this edit will systematically deny.**

## Edit: ESC 1012 Rendering Provider Specialty Not Eligible To Render This Procedure Code

**Note:** Edit 1012 revised effective March 3, 2004.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Detail	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

### Edit Description

Fail this edit if the rendering provider specialty is not eligible to render the procedure code billed.

### Edit Criteria

If the rendering provider is not eligible to render the procedure code billed per the procedure code database, fail this edit with EOB 1012.

- For nurses specializing as nurse practitioners, determined by the billing provider type of 16 and billing provider specialty of 084, 090, 092, 091, or 093, if they **do not** bill a nurse practitioner procedure code, (procedure type 40, see *Appendix A*), deny the claim with Edit 1012.
- For midwives, determined by a billing provider type of 09 and a billing provider specialty 095 if they **do not** bill one of the midwife procedure codes, (procedure type 41, see *Appendix A*), deny the claim with Edit 1012.
- For providers with a specialty of care coordinator, 210 or 212, if they **do not** bill one of the care coordination codes, (procedure type 47, see *Appendix A*) with V689 as one of the diagnosis codes, deny the claim with Edit 1012.
- If the provider type is miscellaneous, and the specialty is case management (AIDS), 211, and the procedure code **is not** HIV/AIDS case management (Procedure type 49, see *Appendix A*), deny the claim with Edit 1012.
- If the procedure type is case management (AIDS) (procedure type 49, see *Appendix A*), but the provider type is not miscellaneous, and the provider specialty is neither care coordinator nor case management (AIDS) and V689 is not one of the header diagnosis codes, deny the claim with Edit 1012.



- Specialty type 030, 031, 032, or 033 cannot submit a medical claim with procedure codes, the claim will autodeney. These providers should resubmit the claim on a UB-92 claim form. Deny the claim with Edit 1012.
- **Provider type 26 and specialty 266 – Family member transportation provider can only submit a medical claim with HCPCS A0090 after December 31, 2003, or with procedure code Y9012 before January 1, 2004. Deny the claim with edit 1012.**

### **EOB Code**

1012 – Procedure billed not payable for this provider's specialty.

### **Method of Correction**

N/A

## Edit: ESC 1012 Rendering Provider Specialty Not Eligible To Render This Procedure Code

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Detail	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

### Edit Description

Fail this edit if the rendering provider specialty is not eligible to render the procedure code billed.

### Edit Criteria

If the rendering provider is not eligible to render the procedure code billed per the procedure code database, fail this edit with EOB 1012.

- For nurses specializing as nurse practitioners, determined by the billing provider type of 16 and billing provider specialty of 084, 090, 092, 091, or 093, if they DO NOT bill a nurse practitioner procedure code, (procedure type 40, see *Appendix A*), deny the claim with Edit 1012.
- For midwives, determined by a billing provider type of 09 and a billing provider specialty 095 if they DO NOT bill one of the midwife procedure codes, (procedure type 41, see *Appendix A*), deny the claim with Edit 1012.
- For providers with a specialty of care coordinator, 210 or 212, if they DO NOT bill one of the care coordination codes, (procedure type 47, see *Appendix A*) with V689 as one of the diagnosis codes, deny the claim with Edit 1012.
- If the provider type is miscellaneous, and the specialty is case management (AIDS), 211, and the procedure code IS NOT HIV/AIDS case management (Procedure type 49, see *Appendix A*), deny the claim with Edit 1012.
- If the procedure type is case management (AIDS) (procedure type 49, see *Appendix A*), but the provider type is not miscellaneous, and the provider specialty is neither care coordinator nor case management (AIDS) and V689 is not one of the header diagnosis codes, deny the claim with Edit 1012.

- Specialty type 030, 031, 032, or 033 cannot submit a medical claim with procedure codes, the claim will autodeney. These providers should resubmit the claim on a UB-92 claim form. Deny the claim with Edit 1012.

***EOB Code***

1012 – Procedure billed not payable for this provider’s specialty.

***Method of Correction***

N/A

**Edit: ESC 1013 Claim Provider Number/Authorized Provider Number Mismatch***Note: Edit 1013 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
D, H, I, L, M, O, P, Q	01	All	Header	No	Yes	0

Disposition	D, H, I, L, M, O, P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	N/A
Special Batch	Deny

*Note: This edit is not active because the CSHCS program has not been set up in the system.***Edit Description**

Fail this edit if the billing provider number submitted on a claim does not match the authorized provider number on the CSHCS member's prior authorization.

**Edit Criteria**

If the billing provider number on the claim does not match the authorized provider number on the CSHCS member's prior authorization file, fail this edit with EOB 1013.

**EOB Code**

1013 – The billing provider number submitted on this claim has not been prior authorized to bill this service for the Children's Special Health Care Services member submitted on this claim – please verify provider number and resubmit.

**ARC Code**

**62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.**

***Remark Code***

**M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.**

***Method of Correction***

Claims failing this edit will be systematically denied.

## Edit: ESC 1013 Claim Provider Number/Authorized Provider Number Mismatch

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
D, H, I, L, M, O, P, Q	01	All	Header	No	Yes	0

Disposition	D, H, I, L, M, O, P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	N/A
Special Batch	Deny

*Note: This edit is **not active** because the CSHCS program has not been set up in the system.*

### Edit Description

Fail this edit if the billing provider number submitted on a claim does not match the authorized provider number on the CSHCS member's prior authorization.

### Edit Criteria

If the billing provider number on the claim does not match the authorized provider number on the CSHCS member's prior authorization file, fail this edit with EOB 1013.

### EOB Code

1013 – The billing provider number submitted on this claim has not been prior authorized to bill this service for the Children's Special Health Care Services member submitted on this claim – please verify provider number and resubmit.

### Method of Correction

Claims failing this edit will be systematically denied.

**Edit: ESC 1043 Certification Code Invalid – Medicaid Select Member**

<i>Note: Edit 1043 revised January 19, 2006.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
<b>H, I, M, O</b>	00	Medicaid Select PCCM	Detail	No	Yes	0

Disposition	H, I, O	M
00 Other	Deny	CCF
10 Paper w/o attach	Deny	CCF
11 Paper w/attach	Deny	CCF
20 ECS w/o attach	Deny	Deny
21 ECS w/attach	Deny	CCF
22 Shadow	Inactive	Inactive
25 Point of Service w/o attach	Reject	Reject
26 Point of Service w/attach	Reject	Reject
50 Voids/Replacement non-check related	Suspend	Suspend
51 Voids/Replacement check related	Suspend	Suspend
52 Shadow Replacement	Inactive	Inactive
54 Mass Adj. Void Transaction	Deny	CCF
55 Mass Replacement NH	Suspend	CCF
56 Mass Replacement FIN	Suspend	Suspend
57 Mass Adj. Reprocess by EDS SE	Deny	CCF
58 Replacement Processed by EDS SE	Deny	CCF
61 Elec. Replacement w/attach or claim note	Suspend	Suspend
62 Elec. Replacement w/o attach or claim note	Suspend	Suspend
64 Spend-down EOM auto-initiated Mass Replacement	Suspend	Suspend
67 Shadow Mass Replacement	Deny	Suspend
72 Payer Elec. Replacement	Deny	Deny
80 Claims Reprocessed by EDS SE	CCF	Inactive
90 Special Projects	Deny	CCF

**Edit Description**

Fail this edit when the certification code on file is not valid for the PMP provider on the dates of service.

**Edit Criteria**

If the certification code does not match the certification code assigned to the member's PMP on the from dates of service when a PMP provider number is on the claim, fail this edit with EOB 1043 unless the rendering provider is an enrolled PMP within the same group.

**Exceptions:**

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 with dates of service after August 1, 1998.
- This edit will bypass for provider specialty 212.
- This edit will bypass for rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- Bypass this edit when the procedure code billed is listed as "Not Covered" for the PCCM program in the *Program to HCPC Procedure Restriction Maintenance* window.

**EOB Code**

1043 – The certification code is invalid for Medicaid Select. Please verify and resubmit.

0349 – The certification code is invalid. Please verify and submit on the claim correction form (CCF).

**ARC Code**

16 – Claim/Service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.

**Remark Code**

M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.

**Method of Correction**

A CCF will systematically generate to the provider

The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.

If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.

- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.

Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.



**Edit: ESC 1014 Claim Provider Number/Authorized Provider Number Mismatch***Note: Edit 1014 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	N/A
Special Batch	Deny

*Note: This edit is not active because the CSHCS program has not been set up in the system.***Edit Description**

Fail this edit if the rendering provider number submitted on a claim does not match the authorized provider number on the CSHCS member's prior authorization.

**Edit Criteria**

If the rendering provider number on the claim does not match the authorized provider number on the CSHCS member's prior authorization file, fail this edit with EOB 1014.

**EOB Code**

1014 – The rendering provider number submitted on this claim has not been prior authorized to bill this service for the Children's Special Health Care Services member submitted on this claim – please verify provider number and resubmit.

**ARC Code**

**62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.**

***Remark Code***

**M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.**

***Method of Correction***

Claims failing this edit will be systematically denied.

## Edit: ESC 1014 Claim Provider Number/Authorized Provider Number Mismatch

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	N/A
Special Batch	Deny

*Note: This edit is **not active** because the CSHCS program has not been set up in the system.*

### Edit Description

Fail this edit if the rendering provider number submitted on a claim does not match the authorized provider number on the CSHCS member's prior authorization.

### Edit Criteria

If the rendering provider number on the claim does not match the authorized provider number on the CSHCS member's prior authorization file, fail this edit with EOB 1014.

### EOB Code

1014 – The rendering provider number submitted on this claim has not been prior authorized to bill this service for the Children's Special Health Care Services member submitted on this claim – please verify provider number and resubmit.

### Method of Correction

Claims failing this edit will be systematically denied.

**Edit: ESC 1015 Provider Not Authorized To Render This Service  
for This Program Without PA**

<i>Note: Edit 1015 revised January 14, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	CSHCS	Detail	No	No	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	N/A
Special Batch	Deny

<i>Note: This edit is not active because the CSHCS program has not been set up in the system.</i>
---

**Edit Description**

Fail this edit if the rendering provider number submitted on a claim is not on the list of providers authorized to perform the service billed and there is no prior authorization on file.

**Edit Criteria**

If the rendering provider number on the claim is not on the authorized provider number list for the service billed, fail this edit with EOB 1015.

**EOB Code**

1015 – The rendering provider on this claim is not on the list of providers authorized to render this service for the Children’s Special Health Care Services member submitted on this claim – please verify provider number and resubmit.

**ARC Code**

**62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.**

***Remark Code***

**M58 – Missing/incomplete/invalid claim information. Resubmit claim after corrections.**

***Method of Correction***

Claims failing this edit will be systematically denied.

**Edit: ESC 1015 Provider Not Authorized To Render This Service  
for This Program Without PA**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	CSHCS	Detail	No	No	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	N/A
Special Batch	Deny

*Note: This edit is **not active** because the CSHCS program has not been set up in the system.*

**Edit Description**

Fail this edit if the rendering provider number submitted on a claim is not on the list of providers authorized to perform the service billed and there is no prior authorization on file.

**Edit Criteria**

If the rendering provider number on the claim is not on the authorized provider number list for the service billed, fail this edit with EOB 1015.

**EOB Code**

1015 – The rendering provider on this claim is not on the list of providers authorized to render this service for the Children’s Special Health Care Services member submitted on this claim – please verify provider number and resubmit.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1016 Nonparticipating Manufacturer on Date of Service***Note: Edit 1016 revised October 5, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	01	All	Detail	No	Yes	0

Disposition	P, Q
00 Other	Deny
22 Shadow	Pay
50 Voids/Replacement non-check related	Inactive
51 Voids/Replacement check related	Inactive
52 Shadow Replacement	Pay
53 Shadow Claims Void	Pay
55 Mass Replacement NH	Inactive
56 Mass Replacement FIN	Inactive

**Edit Description**

Fail this edit if the manufacturer rebate segment is missing on the dispensed date.

**Edit Criteria**

If a claim is submitted and the manufacturer's drug rebate segment for the NDC billed for the dispensed date is missing, fail this edit with EOB 1016.

**EOB Code**

1016 – This manufacturer does not participate in the drug rebate program.

**ARC Code**

96 – Non-Covered charge.

**NCPDP Reject Code**

AC – Product not covered, non-participating manufacturer.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1016 Nonparticipating Manufacturer on Date of Service***Note: Edit 1016 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	01	All	Detail	No	Yes	0

Disposition	P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	N/A
Special Batch	Deny

**Edit Description**

Fail this edit if the manufacturer rebate segment is missing on the dispensed date.

**Edit Criteria**

If a claim is submitted and the manufacturer's drug rebate segment for the NDC billed for the dispensed date is missing, fail this edit with EOB 1016.

**EOB Code**

1016 – This manufacturer does not participate in the drug rebate program.

**ARC Code**

**B5 – Claim/service adjusted because coverage/program guidelines were not met or exceeded.**

**Method of Correction**

Claims failing this edit will be systematically denied.



**Edit: ESC 1016 Nonparticipating Manufacturer on Date of Service**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	01	All	Detail	No	Yes	0

Disposition	P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	N/A
Special Batch	Deny

**Edit Description**

Fail this edit if the manufacturer rebate segment is missing on the dispensed date.

**Edit Criteria**

If a claim is submitted and the manufacturer's drug rebate segment for the NDC billed for the dispensed date is missing, fail this edit with EOB 1016.

**EOB Code**

1016 – This manufacturer does not participate in the drug rebate program.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1017 No Rate Segment for Level of Care (Case Mix)***Note: Edit 1017 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L, H	01	All	Detail	No	Yes	0

Disposition	L, H
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	N/A
Special Batch	Deny

**Edit Description**

Fail this edit if there is not a case mix rate segment for nursing home level of care.

**Edit Criteria**

If there is no case mix rate segment for the member on file for Nursing Home level of care for dates of service after October 1, 1998, fail this edit for EOB 1017.

**EOB Code**

1017 – No rate segment for the level of care (case mix).

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Method of Correction**

Claims failing this edit will be systematically denied.

**Related Edits**

ESC 1018, ESC 1019.

**Edit: ESC 1017 No Rate Segment for Level of Care (Case Mix)**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L, H	01	All	Detail	No	Yes	0

Disposition	L, H
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	N/A
Special Batch	Deny

**Edit Description**

Fail this edit if there is not a case mix rate segment for nursing home level of care.

**Edit Criteria**

If there is no case mix rate segment for the member on file for Nursing Home level of care for dates of service after October 1, 1998, fail this edit for EOB 1017.

**EOB Code**

1017 – No rate segment for the level of care (case mix).

**Method of Correction**

Claims failing this edit will be systematically denied.

**Related Edits**

ESC 1018, ESC 1019

**Edit: ESC 1018 No Rate Segment for Level of Care***Note: Edit 1018 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L, H	01	All	Detail	No	Yes	0

Disposition	L, H
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	<b>Suspend</b>
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit if there is no rate segment on file for level of care.

**Edit Criteria**

If there is no rate segment on file for the level of care indicated, then forward the claim to the Provider Enrollment Unit so that a rate can be established.

For hospice members, if a revenue code of 653, 654, or **659** is billed, then identify the nursing home provider off the member's level of care for the service dates billed. Check to see if the nursing home provider has a case mix rate on file for the service dates. If this is not present, then check for an intermediate two-bed rate for the dates of service or a skilled rate for the dates of service. If the rate is not found, fail this edit with EOB 1018.

**EOB Code**

1018 – No rate segment on file for the level of care.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Method of Correction**

- Verify that the claim was keyed correctly. Correct any keying errors found.
- Check to see if the revenue code is for one-bed, two-bed, or three-bed:

- Double-click Provider Number, then click Level of Care, find the service dates. Multiply the bed rate times the units billed on the claim. Put this amount in the allowed amount on the claim.
  1. If the amount calculated is ***larger*** than the billed amount, then put the billed amount, in the allowed amount.
  2. If no rate is on file, fail this edit with EOB 1018.

### ***Related Audits***

**Edit: ESC 1018 No Rate Segment for Level of Care***Note: Edit 1018 revised effective October 7, 2002.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L, H	01	All	Detail	No	Yes	0

Disposition	L, H
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	<b>Suspend</b>
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit if there is no rate segment on file for level of care.

**Edit Criteria**

If there is no rate segment on file for the level of care indicated, then forward the claim to the Provider Enrollment Unit so that a rate can be established.

For hospice members, if a revenue code of 653, 654, or **659** is billed, then identify the nursing home provider off the member's level of care for the service dates billed. Check to see if the nursing home provider has a case mix rate on file for the service dates. If this is not present, then check for an intermediate two-bed rate for the dates of service or a skilled rate for the dates of service. If the rate is not found, fail this edit with EOB 1018.

**EOB Code**

1018 – No rate segment on file for the level of care.

**Method of Correction**

- Verify that the claim was keyed correctly. Correct any keying errors found.
- Check to see if the revenue code is for one-bed, two-bed, or three-bed:
  - Double-click **Provider Number**, then click **Level of Care**, find the service dates. Multiply the bed rate times the units billed on the claim. Put this amount in the allowed amount on the claim.
- 3. If the amount calculated is **larger** than the billed amount, then put the billed amount, in the allowed amount.

4. If no rate is on file, fail this edit with EOB 1018.

***Related Audits***

**Edit: ESC 1018 No Rate Segment for Level of Care**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L, H	01	All	Detail	No	Yes	0

Disposition	L, H
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit if there is no rate segment on file for level of care.

**Edit Criteria**

If there is no rate segment on file for the level of care indicated, then forward the claim to the Provider Enrollment Unit so that a rate can be established.

For hospice members, if a revenue code of 653, 654, or 658 is billed, then identify the nursing home provider off the member's level of care for the service dates billed. Check to see if the nursing home provider has a case mix rate on file for the service dates. If this is not present, then check for an intermediate two-bed rate for the dates of service or a skilled rate for the dates of service. If the rate is not found, fail this edit with EOB 1018.

**EOB Code**

1018 – No rate segment on file for the level of care.

**Method of Correction**

- Verify that the claim was keyed correctly. Correct any keying errors found.
- Check to see if the revenue code is for one-bed, two-bed, or three-bed:
  - Double-click **Provider Number**, then click **Level of Care**, find the service dates. Multiply the bed rate times the units billed on the claim. Put this amount in the allowed amount on the claim.
- 5. If the amount calculated is **larger** than the billed amount, then put the billed amount, in the allowed amount.
- 6. If no rate is on file, fail this edit with EOB 1018.

**Related Audits**

ESC 1018, ESC 1019



**Edit: ESC 1019 Multiple Levels of Care *Per Diem* on File***Note: Edit 1019 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L	01	All	Detail	Yes	Yes	0

Disposition	L
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit if there are multiple levels of care *per diem* for the service dates on the claim.

**Edit Criteria**

If there are multiple levels of care *per diem* segments for the service dates on the claim, fail this edit with EOB 1019. This should also apply to revenue codes 653, 654, and 658 for hospice members.

**EOB Code**

1019 – Multiple levels of care per diem on file. Please split claim to identify different dates of service for each level of care and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Method of Correction**

If multiple segments appear for the service dates billed, fail this edit with EOB 1019.

**Related Edits**

ESC 1018, ECS 1017.

**Edit: ESC 1019 Multiple Levels of Care *Per Diem* on File**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L	01	All	Detail	Yes	Yes	0

Disposition	L
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit if there are multiple levels of care *per diem* for the service dates on the claim.

**Edit Criteria**

If there are multiple levels of care *per diem* segments for the service dates on the claim, fail this edit with EOB 1019. This should also apply to revenue codes 653, 654, and 658 for hospice members.

**EOB Code**

1019 – Multiple levels of care per diem on file. Please split claim to identify different dates of service for each level of care and resubmit.

**Method of Correction**

If multiple segments appear for the service dates billed, fail this edit with EOB 1019.

**Related Edits**

ESC 1018, ECS 1017

**Edit: ESC 1020 Attending Physician ID Number Not on File**

<i>Note: Edit 1020 revised January 14, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if the attending physician ID number is not on the provider database or the Health Professions Bureau Valid License Tape listing.

**Edit Criteria**

Check the attending physician ID number against the provider database. If a match is found, pass the edit, otherwise, check it against the Health Professions Bureau Valid License Tape listing. If no match is found, fail this edit with EOB 1020.

**EOB Code**

1020 – The attending physician ID is not a valid Indiana license number – please verify number and resubmit.

**ARC Code**

**16 – Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.**

**Remark Code**

**N31 – Missing/incomplete/invalid prescribing/referring/attending provider license number.**

***Method of Correction***

- Check for keying errors and correct any found.

If no keying errors are found, fail this edit with EOB 1020.

**Edit: ESC 1020 Attending Physician ID Number Not on File**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if the attending physician ID number is not on the provider database or the Health Professions Bureau Valid License Tape listing.

**Edit Criteria**

Check the attending physician ID number against the provider database. If a match is found, pass the edit, otherwise, check it against the Health Professions Bureau Valid License Tape listing. If no match is found, fail this edit with EOB 1020.

**EOB Code**

1020 – The attending physician ID is not a valid Indiana license number – please verify number and resubmit.

**Method of Correction**

- Check for keying errors and correct any found.
- If no keying errors are found, fail this edit with EOB 1020.

**Edit: ESC 1021 First Other Physician ID Number Not on File**

<i>Note: Edit 1021 revised January 14, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if the first other physician ID number is not on the provider database or the Health Professions Bureau Valid License Tape listing.

**Edit Criteria**

Check the first other physician ID number against the provider database. If a match is found, pass the edit, otherwise, check it against the Health Professions Bureau Valid License Tape listing. If no match is found, fail this edit with EOB 1021.

**EOB Code**

1021 – The first other physician ID submitted is not a valid Indiana license number – please verify number and resubmit.

**ARC Code**

**16 – Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.**

**Remark Code**

**N31 – Missing/incomplete/invalid prescribing/referring/attending provider license number.**

***Method of Correction***

N/A

**Edit: ESC 1021 First Other Physician ID Number Not on File**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if the first other physician ID number is not on the provider database or the Health Professions Bureau Valid License Tape listing.

**Edit Criteria**

Check the first other physician ID number against the provider database. If a match is found, pass the edit, otherwise, check it against the Health Professions Bureau Valid License Tape listing. If no match is found, fail this edit with EOB 1021.

**EOB Code**

1021 – The first other physician ID submitted is not a valid Indiana license number – please verify number and resubmit.

**Method of Correction**

N/A



**Edit: ESC 1022 Second Other Physician ID Number Not on File**

<i>Note: Edit 1022 revised January 14, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if the second other physician ID number is not on the provider database or the Health Professions Bureau Valid License Tape listing

**Edit Criteria**

Check the second other physician ID number against the provider database. If a match is found, pass the edit, otherwise, check it against the Health Professions Bureau Valid License Tape listing. If no match is found, fail this edit with EOB 1022.

**EOB Code**

1022 – The second other physician ID number submitted is not a valid Indiana license number – please verify number and resubmit.

**ARC Code**

**16 – Claim/service lacks information, which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.**

**Remark Code**

**M68 – Missing/incomplete/invalid attending or referring physician identification.**

***Method of Correction***

N/A

**Edit: ESC 1022 Second Other Physician ID Number Not on File**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if the second other physician ID number is not on the provider database or the Health Professions Bureau Valid License Tape listing

**Edit Criteria**

Check the second other physician ID number against the provider database. If a match is found, pass the edit, otherwise, check it against the Health Professions Bureau Valid License Tape listing. If no match is found, fail this edit with EOB 1022.

**EOB Code**

1022 – The second other physician ID number submitted is not a valid Indiana license number – please verify number and resubmit.

**Method of Correction**

N/A

**Edit: ESC 1023 Level of Care Billed Not on File for This Provider**

<i>Note: Edit 1023 revised January 14, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L	01	All	Header	No	Yes	0

Disposition	L
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit when the provider is not eligible to bill for the level of care billed.

**Edit Criteria**

Check the level of care billed against the billing provider's specialty. If the billing provider is not eligible to bill the level of care billed, fail this edit with EOB1023.

Following are the LTC specialties and the bill type and level of care they can bill:

- Provider specialty 030 (nursing facilities) with the level of care-Skilled can only bill type of bill 21X before October 1, 1998. Level of care that can be billed for these providers are S10, S13, and S11.
- Provider specialty 030 (nursing facilities) with the level of care-Intermediate can only bill type of bill 65X before October 1, 1998. The level of care that can be billed for these providers are I10 and I11.
- Provider specialty 031 (ICF/MR) can bill type of bill 66X and 67X.
- Provider specialty 033 (residential care) can bill type of bill 67X and 66X.
- Provider specialty 060 (hospice) can only bill type of bill 822.
- Provider specialty 030 (nursing facilities) with level of care-Nursing Facility can only bill type of bill 21X and 65X. The level of care that can be billed for these providers is N.

**EOB Code**

1023 – Provider not eligible to bill this level of care.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Remark Code**

**None.**

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1023 Level of Care Billed Not on File for This Provider**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L	01	All	Header	No	Yes	0

Disposition	L
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit when the provider is not eligible to bill for the level of care billed.

**Edit Criteria**

Check the level of care billed against the billing provider's specialty. If the billing provider is not eligible to bill the level of care billed, fail this edit with EOB1023.

Following are the LTC specialties and the bill type and level of care they can bill:

- Provider specialty 030 (nursing facilities) with the level of care-Skilled can only bill type of bill 21X before October 1, 1998. Level of care that can be billed for these providers are S10, S13, and S11.
- Provider specialty 030 (nursing facilities) with the level of care-Intermediate can only bill type of bill 65X before October 1, 1998. The level of care that can be billed for these providers are I10 and I11.
- Provider specialty 031 (ICF/MR) can bill type of bill 66X and 67X.
- Provider specialty 033 (residential care) can bill type of bill 67X and 66X.
- Provider specialty 060 (hospice) can only bill type of bill 822.
- Provider specialty 030 (nursing facilities) with level of care-Nursing Facility can only bill type of bill 21X and 65X. The level of care that can be billed for these providers is N.

**EOB Code**

1023 – Provider not eligible to bill this level of care.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1024 Billing Provider Not Listed As Member's LTC Provider***Note: Edit 1024 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All claim types	01	All	Header	No	Yes	0

Disposition	All
Paper Claim	<b>Suspend</b>
ECS	<b>Suspend</b>
Shadow	N/A
POS	N/A
Adjustments	<b>Suspend</b>
Special Batch	<b>Suspend</b>

**Edit Description**

Fail this edit when the billing provider is not the same provider listed in the member's file as the member's authorized Long Term Care (LTC) provider for date of service billed.

**Edit Criteria**

If the billing provider is not the same LTC provider listed in the member's level of care screen, fail this edit with EOB 1024. This is included for the new levels of care N and I13, which were added after October 1, 1998.

Bypass this edit for claims billed with revenue codes 653, 654, or 658.

**EOB Code**

1024 – Billing provider is not member's listed LTC provider – please verify provider number and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Method of Correction**

N/A

**Edit: ESC 1024 Billing Provider Not Listed As Member's LTC Provider**

*Note: Edit 1024 revised September 13, 2000,  
retroactive to December 13, 1999.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All claim types	01	All	Header	No	Yes	0

Disposition	All
Paper Claim	<b>Suspend</b>
ECS	<b>Suspend</b>
Shadow	N/A
POS	N/A
Adjustments	<b>Suspend</b>
Special Batch	<b>Suspend</b>

**Edit Description**

Fail this edit when the billing provider is not the same provider listed in the member's file as the member's authorized Long Term Care (LTC) provider for date of service billed.

**Edit Criteria**

If the billing provider is not the same LTC provider listed in the member's level of care screen, fail this edit with EOB 1024. This is included for the new levels of care N and I13, which were added after October 1, 1998.

Bypass this edit for claims billed with revenue codes 653, 654, or 658.

**EOB Code**

1024 – Billing provider is not member's listed LTC provider – please verify provider number and resubmit.

**Method of Correction**

N/A



**Edit: ESC 1024 Billing Provider Not Listed As Member's LTC Provider**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L	01	All	Header	No	Yes	0

Disposition	L
Paper Claim	Suspend
ECS	Suspend
Shadow	N/A
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit when the billing provider is not the same provider listed in the member's file as the member's authorized LTC provider for service date billed.

**Edit Criteria**

If the billing provider is not the same LTC provider listed in the member's level of care screen, fail this edit with EOB 1024. This is included for the new levels of care N and I13, which were added after October 1, 1998.

Bypass this edit for claims billed with revenue codes 653, 654, or 658.

**EOB Code**

1024 – Billing provider is not member's listed LTC provider – please verify provider number and resubmit.

**Method of Correction**

N/A

**Edit: ESC 1025 Billing Provider Not Enrolled for the Date of Service***Note: Edit 1025 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, I, L, P, Q	01	All	Header	No	Yes	0

Disposition	A, I, P, Q	L
Paper Claim	Deny	<b>Deny</b>
ECS	Deny	<b>Deny</b>
Shadow	Deny	<b>Pay</b>
POS	Deny	<b>Deny</b>
Adjustments	Suspend	<b>Suspend</b>
<b>Retro Adjustments</b>	N/A	<b>Deny</b>

**Edit Description**

Fail this edit if the billing provider number is not enrolled in the program billed for the covered period dates on the header.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled in the program billed for the covered period dates on the header, fail this edit with EOB 1025.

For crossover claims, this only applies to Part A claims submitted on the UB-92 claim form.

**EOB Code**

1025 – Billing provider not enrolled for the date of service.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

**Method of Correction**

Claims failing this edit will systematically deny.

**Edit: ESC 1025 Billing Provider Not Enrolled for the Date of Service***Note: Edit 1025 revised February 25, 2002*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, I, L, P, Q	01	All	Header	No	Yes	0

Disposition	A, I, P, Q	L
Paper Claim	Deny	<b>Deny</b>
ECS	Deny	<b>Deny</b>
Shadow	Deny	<b>Pay</b>
POS	Deny	<b>Deny</b>
Adjustments	Suspend	<b>Suspend</b>
<b>Retro Adjustments</b>	N/A	<b>Deny</b>

**Edit Description**

Fail this edit if the billing provider number is not enrolled in the program billed for the covered period dates on the header.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled in the program billed for the covered period dates on the header, fail this edit with EOB 1025.

For crossover claims, this only applies to Part A claims submitted on the UB-92 claim form.

**EOB Code**

1025 – Billing provider not enrolled for the date of service.

**Method of Correction**

Claims failing this edit will systematically deny.

**Edit: ESC 1025 Billing Provider Not Enrolled for the Date of Service***Note: Edit 1025 revised February 7, 2002*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, I, L, P, Q	01	All	Header	No	Yes	0

Disposition	A, I, L, P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Suspend
Special Batch	Deny

**Edit Description**

Fail this edit if the billing provider number is not enrolled in the program billed for the covered period dates on the header.

**Edit Criteria**

If the provider database does not show the billing provider as being enrolled in the program billed for the covered period dates on the header, fail this edit with EOB 1025.

For crossover claims, this only applies to Part A claims submitted on the UB-92 claim form.

**EOB Code**

1025 – Billing provider not enrolled **for the date of service**.

**Method of Correction**

Claims failing this edit will systematically deny.

## Edit: ESC 1025 Billing Provider Not Eligible To Bill on This Program for the Dates of Service

*Note: Edit 1025 revised May 30, 2001*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, I, L, P, Q	01	All	Header	No	Yes	0

Disposition	A, I, L, P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Suspend
Special Batch	Deny

### Edit Description

Fail this edit if the billing provider number is not enrolled **at the service location submitted on the claim** for the program billed for the covered period dates on the header.

### Edit Criteria

If the provider database does not show the billing provider as being enrolled **at the service location submitted on the claim for** the program billed for the covered period dates on the header, fail this edit with EOB 1025.

For crossover claims, this only applies to Part A claims submitted on the UB-92 claim form.

### EOB Code

1025 – Billing provider not enrolled **at the service location submitted on the claim for** the program billed.

### Method of Correction

Claims failing this edit will systematically deny.

## Edit: ESC 1025 Billing Provider Not Eligible To Bill on This Program for the Dates of Service

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, I, L, P, Q	01	All	Header	No	Yes	0

Disposition	A, I, L, P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Suspend
Special Batch	Deny

### Edit Description

Fail this edit if the billing provider number is not enrolled in the program billed for the covered period dates on the header.

### Edit Criteria

If the provider database does not show the billing provider as being enrolled in the program billed for the covered period dates on the header, fail this edit with EOB1025.

For crossover claims, this will only apply to Part A claims submitted on the UB-92 claim form.

### EOB Code

1025 – Billing provider not enrolled in the program billed.

### Method of Correction

Claims failing this edit will be systematically denied.

**Edit: ESC 1026 Prescribing Physician License Number Not on File**

<i>Note: Edit 1026 revised October 5, 2005.</i>
---

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	001	All	Header	Yes	Yes	0

Disposition	P	Q
00 Other	Deny	Inactive
10 Paper w/o attach	Deny	Deny
11 Paper w/attach	Deny	Deny
20 ECS w/o attach	Deny	Deny
22 Shadow	Deny	Deny
25 Point of Service w/o attach	Deny	Deny
40 Claims converted from old MMIS	Inactive	Inactive
41 590 Claims converted from old MMIS	Inactive	Inactive
45 Replacement converted from old MMIS	Inactive	Inactive
46 590 Replacements converted from old MMIS	Inactive	Inactive
50 Voids/Replacement non-check related	Deny	Inactive
51 Voids/Replacement check related	Deny	Inactive
52 Shadow Replacement	Deny	Deny
53 Shadow Claims Void	Deny	Deny
55 Mass Replacement NH	Deny	Deny
56 Mass Replacement FIN	Deny	Deny
80 Claims Reprocessed by EDS SE	Deny	Deny

**Edit Description**

Fail this edit when the prescribing physician license number is not on the prescribing practitioners list or is not one of the out-of-state pseudo license numbers.

**Edit Criteria**

If the date prescribed is on or after February 1, 1996, and the prescribing physician license number is not on the prescribing practitioners list in the enrollment tracking system or is not an out-of-state pseudo license, fail this edit with EOB 1026.

Table 4-1.2 Valid Out-of-State Pseudo Prescriber Numbers

State	Number
Illinois	91111111
Kentucky	92222222

Ohio	93333333
Michigan	94444444
All other	95555555

**EOB Code**

1026 – Prescribing physician license number not on file – please verify number and resubmit.

**ARC Code**

**16 – Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.**

**Remark Code**

**M68 – Missing/incomplete/invalid attending or referring physician identification.**

**NCPDP Reject Code**

**56 – Non-Matched Prescriber ID**

**Method of Correction**

Claims failing this edit will systematically deny.



**Edit: ESC 1026 Prescribing Physician License Number Not on File***Note: Edit 1026 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	01	All	Header	Yes	Yes	0

Disposition	P, Q
Paper Claim	<b>Deny</b>
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit when the prescribing physician license number is not on the prescribing practitioners list or is not one of the out-of-state pseudo license numbers.

**Edit Criteria**

If the date prescribed is on or after February 1, 1996, and the prescribing physician license number is not on the prescribing practitioners list in the enrollment tracking system or is not an out-of-state pseudo license, fail this edit with EOB 1026.

Table 4-1.2 Valid Out-of-State Pseudo Prescriber Numbers

State	Number
Illinois	91111111
Kentucky	92222222
Ohio	93333333
Michigan	94444444
All other	95555555

**EOB Code**

1026 – Prescribing physician license number not on file – please verify number and resubmit.

**ARC Code**

**B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.**

***Remark Code***

**M68 – Missing/incomplete/invalid attending or referring physician identification.**

***Method of Correction***

Claims failing this edit will systematically deny.

**Edit: ESC 1026 Prescribing Physician License Number Not on File***Note: Edit 1026 revised March 19, 2001*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	01	All	Header	Yes	Yes	0

Disposition	P, Q
Paper Claim	<b>Deny</b>
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit when the prescribing physician license number is not on the prescribing practitioners list or is not one of the out-of-state pseudo license numbers.

**Edit Criteria**

If the date prescribed is on or after February 1, 1996, and the prescribing physician license number is not on the prescribing practitioners list in the enrollment tracking system or is not an out-of-state pseudo license, fail this edit with EOB 1026.

Table 4-1.2 Valid Out-of-State Pseudo Prescriber Numbers

State	Number
Illinois	91111111
Kentucky	92222222
Ohio	93333333
Michigan	94444444
All other	95555555

**EOB Code**

1026 – Prescribing physician license number not on file – please verify number and resubmit.

**Method of Correction**

- Claims failing this edit will systematically deny.

**Edit: ESC 1026 Prescribing Physician License Number Not on File**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	01	All	Header	Yes	Yes	0

Disposition	P, Q
Paper Claim	CCF
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit when the prescribing physician license number is not on the prescribing practitioners list or is not one of the out-of-state pseudo license numbers.

**Edit Criteria**

If the date prescribed is on or after February 1, 1996, and the prescribing physician license number is not on the prescribing practitioners list in the enrollment tracking system or is not an out-of-state pseudo license, fail this edit with EOB 1026.

Table 4-1.2 Valid Out-of-State Pseudo Prescriber Numbers

State	Number
Illinois	91111111
Kentucky	92222222
Ohio	93333333
Michigan	94444444
All other	95555555

**EOB Code**

1026 – Prescribing physician license number not on file – please verify number and resubmit.

**Method of Correction**

- A CCF will be systematically generated to the provider.

- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim will be systematically denied.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), fail this edit with EOB 1026.

**Edit: ESC 1027 Referring Physician Not on File***Note: Edit 1027 revised January 14, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Header	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	Suspend

**Edit Description**

Fail this edit when the referring physician number is not on the provider base screen.

**Edit Criteria**

If the referring physician number is not on the provider base screen, fail this edit with EOB 1027.

**EOB Code**

1027 – Referring physician number not on file. Please verify number and resubmit.

**ARC Code**

**52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.**

**Remark Code**

**M68 – Missing/incomplete/invalid attending or referring physician identification.**

**Method of Correction**

- Check for keying errors and correct any errors found
- If no keying errors are found, fail this edit with EOB 1027.

**Edit: ESC 1027 Referring Physician Not on File**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Header	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	Suspend

**Edit Description**

Fail this edit when the referring physician number is not on the provider base screen.

**Edit Criteria**

If the referring physician number is not on the provider base screen, fail this edit with EOB 1027.

**EOB Code**

1027 – Referring physician number not on file. Please verify number and resubmit.

**Method of Correction**

- Check for keying errors and correct any errors found
- If no keying errors are found, fail this edit with EOB 1027.

## Edit: ESC 1028 Rendering Provider Specialty Not Eligible To Render This Modifier

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	Suspend

### Edit Description

Fail this edit when the rendering provider specialty is not eligible to render the modifier billed.

### Edit Criteria

If the rendering provider is not eligible to render the modifier billed per the specialty or modifier table, fail this edit with EOB 1028.

### EOB Code

1028 – Modifier billed not payable for this provider's specialty – please verify modifier and resubmit.

### Method of Correction

- Check for keying errors and correct any errors found.
- If no errors are found, deny the claim.



## Edit: ESC 1029 Prescribing Provider Not Eligible To Prescribe This NDC

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

*Note: This edit was inactivated on February 24, 1995, at the request of Marc Shirley, OMPP.*

### Edit Description

Fail this edit if the NDC prescribed is a narcotic and the prescribing provider is not allowed to prescribe narcotics.

### Edit Criteria

If the NDC prescribed has a DEA code other than zero and the provider does not have a DEA number on file, fail this edit with EOB 1029.

### EOB Code

1029 – Prescribing provider not eligible to prescribe this NDC.

### Method of Correction

N/A

**Edit: ESC 1030 Ancillary Service Not Covered**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
L	01	All	Detail	Yes	Yes	0

Disposition	L
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit if the member is a resident in an ICF/MR, CRF/DD, or State-operated ICF/MR facility and ancillary services are billed.

**Edit Criteria**

If the ancillary services billed do not have a corresponding segment for the dates of service on the provider file, hospital ancillary authorization screen, fail this with EOB 1030.

Proprietary ICF/MR and CRF/DD facilities and State-operated ICF/MR facilities, identified by a type of bill of 660-679, and are not paid ancillary charges because ancillary costs are built in the accommodation *per diem* rates.

**EOB Code**

1030 – Ancillary services not covered

**Method of Correction**

Claims failing this edit will be systematically denied.

## Edit: ESC 1031 High Risk Prenatal Care May Only Be Rendered by a Medical Specialty

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	PCCM, RBMC	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	Deny

### Edit Description

Fail this edit when a non-medical practitioner bills a prenatal visit procedure code for a high-risk pregnancy.

### Edit Criteria

If a provider bills for an antepartum care visit, procedure codes 59425 or 59426, the member is assigned to a PMP, the diagnosis code billed is designated on reference as high-risk, and the rendering provider type is not 31, fail this edit with EOB 1031.

### EOB Code

1031 – High-risk prenatal care may only be rendered by a physician.

### Method of Correction

Claims failing this edit will be systematically denied.

## Edit: ESC 1032 Billing Provider Not Eligible To Bill This Claim Type

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	Yes	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

### Edit Description

Fail this edit if the billing provider type is not eligible to bill the claim type billed.

### Edit Criteria

If the provider type of the billing provider is not eligible to bill the claim type billed, fail this edit with EOB 1032.

Refer to attached listing of provider types and the claim types they can submit.

### EOB Code

1032 – Billing provider is not eligible to bill this claim type.

### Method of Correction

N/A

**Edit: ESC 1033 Rendering Provider Eligible Without Specialty**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit when the rendering provider is eligible for the service dates on the claim but there is no specialty for the service dates.

**Edit Criteria**

If the rendering provider is eligible but no specialty is found for the service dates on the claim, fail this edit with EOB 1033.

**EOB Code**

1033 – Provider does not have a specialty area identified for the dates of service – please verify provider specialty and resubmit.

**Method of Correction**

- Check for any keying errors.
- If no keying errors are found, fail this edit with EOB 1033.

**Edit: ESC 1034 A/M Provider Equals IMMIS Provider**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description****Edit Criteria****EOB Code**

1034 – Please verify provider number and resubmit.

**Method of Correction**

N/A

**Edit: ESC 1035 Hospice Provider Billing for Hospice Services**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H	01	All	Detail	Yes	Yes	0

Disposition	H
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit when the billing provider is not the same provider listed in the member's file as the member's authorized hospice provider for date of service billed.

**Edit Criteria**

If the billing provider is not the same hospice provider listed in the member's level of care screen, fail this edit with EOB1035.

**EOB Code**

1035 – Billing provider is not member's listed hospice provider – please verify provider number and resubmit.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1036 Rendering Provider Not Eligible Services**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	00	All	Detail	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if the rendering provider type is not eligible to bill services on a HCFA claim form.

**Edit Criteria**

If the rendering provider type is not eligible to bill the claim type billed, see attached list, fail this edit with EOB 1036.

If the billing provider is an individual practitioner, bypass this edit.

**EOB Code**

1036 – Rendering provider is not eligible to bill on HCFA claim type.

**Method of Correction**

N/A



Table 4-1.3 – Rendering Provider's Valid Claim Types

Provider Type	Provider Description	Claim Type
01	Hospital	I/O/A/C
02	Ambulatory Surgical Center	O/C
03	Extended Care Facility	L/A
04	Rehabilitation Center	O/A/C/I
(Continued)		
05	Home Health Agency	H/C
06	Hospice	H/C
07	Capitation Provider	
08	Clinic	M/B/O/C/D/P/Q
09	Advanced Practice Nurse	M/B
10	Mid Level Practitioner	M/B
11	Mental Health Provider	M/B/O/C
12	School Corporation	M/B
13	Public Health Agency	M/B/D/P/Q
14	Podiatrist	M/B/P/Q
15	Chiropractor	M/B
16	Nurse	M/B
17	Therapist	M/O/B/C
18	Optometrist	M/B
19	Optician	M/B
20	Audiologist	M/B
21	Case Manager (Targeted)	M/B
22	Hearing Aid Dealer	M/B
23	Dietitian	M/B
24	Pharmacy	P/Q
25	DME/Medical Supply Dealer	M/B/P/Q
26	Transportation Provider	M/B
27	Dentist	D/P/Q/M/B
28	Laboratory	M/B/O/C
29	Radiology Provider	M/B/O/C
30	End Stage Renal Disease Clinic	M/B/O/C
31	Physician	M/B/P/Q
32	Waiver Provider	M/B
33	Non-billable Case Manager	M/B

**Edit: ESC 1037 Private Duty Nursing**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	Package C	Detail	Yes	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	Deny
Special Batch	Suspend

**Edit Description**

Fail this edit at the detail when a Package C claim is rendered by a private duty nurse.

**Edit Criteria**

When a Package C claim is submitted with a rendering provider whose only specialties are 160 or 161, the service will be denied with EOB 1037.

**EOB Code**

1037 – Private duty nursing is not covered in Package C. Please verify and resubmit.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1039 Service Rendered By Out-of-Network Provider***Note: Edit 1040 revised October 5, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	01	All	Header	No	No	0

Disposition	P
00 Other	Inactive
22 Shadow	Pay
52 Shadow Replacement	Pay
53 Shadow Claims Void	pay

**Edit Description**

Fail this edit if an out-of-network provider renders the service.

**Edit Criteria**

If a provider who is not included in the MCO provider network renders the service, fail this edit with EOB 1039.

**EOB Code**

1039 – Service rendered by out-of-network provider.

**ARC Code**

38 – Services not provided or authorized by designated network.

**Remark Code**

None.

**NCPDP Reject Code**

40 – Pharmacy not contracted with plan on DOS.

**Method of Correction**

Claims failing this edit will systematically pay and post.

**Edit: ESC 1039 Service Rendered By Out-of-Network Provider**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	01	All	Header	No	No	0

Disposition	All
Paper Claim	N/A
ECS	N/A
Shadow	Pay
POS	N/A
Adjustments	N/A
Special Batch	N/A

**Edit Description**

Fail this edit if an out-of-network provider renders the service.

**Edit Criteria**

If a provider who is not included in the MCO provider network renders the service, fail this edit with EOB 1039.

**EOB Code**

1039 – Service rendered by out-of-network provider.

**Method of Correction**

Claims failing this edit will systematically pay and post.

**Edit: ESC 1040 MRO Service Can Only be Billed on a HCFA-1500 by a CMHC Provider**

<i>Note: Edit 1040 new June 28, 2000.</i>
---

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, D, H, O	01	All	Detail	No	Yes	0

Disposition	M, D, H, O
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit if the services billed are MRO Services (procedure group 50) and the billing provider is not a Community Mental Health Center (specialty 111).

**Edit Criteria**

If the billing provider is not a Community Mental Health Center, fail this edit with EOB 1040.

**EOB Code**

1040 – MRO services can only be billed on a HCFA-1500 by a CMHC.

**Method of Correction**

Claims failing this edit will be systematically denied.

**Edit: ESC 1041 Billing Provider Not Eligible for Recipient Waiver  
PGM***Note: New Edit 1041 May 6, 2002.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	M, 590	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Deny

**Edit Description**

Fail this edit when a provider is not eligible to bill for services on the dates of service due to provider specialty/member level of care is a mismatch.

**Edit Criteria**

Fail this edit with EOB 1041 if the provider's specialty or specialties are not valid to bill for services on the dates of service for the member's level of care.

- The billing provider's specialty does not equal 350 (Aged and Disabled Waiver) and the member's level of care begins with A.
- The billing provider's specialty does not equal 351 (Autistic Waiver) and the member's level of care begins with P or Q.
- The billing provider's specialty does not equal 352 or 353 (ICF/MR Waiver) and the member's level of care begins with T through W.
- The billing provider's specialty does not equal 354 (Medically Fragile Children Waiver) and the member's level of care begins with J and X through Z.
- The billing provider's specialty does not equal 356 (Traumatic Brain Injury Waiver) and the member's level of care begins with K or L.
- The billing provider's specialty does not equal 357 (Assisted Living Waiver) and the member's level of care begins with B.
- The billing provider's specialty does not equal 358 (Adult Foster Care Waiver) and the member's level of care begins with B.
- The billing provider's specialty does not equal 359 (Developmentally Disabled Waiver) and the member's level of care begins with T through W.
- The billing provider's specialty does not equal 360 (Support Services Waiver) and the member's level of care begins with D.

***EOB Code***

**1041 – Billing provider not eligible for member’s waiver program.**

***Method of Correction***

- **Claims failing this edit will systematically deny.**

**Edit: ESC 1042 Certification Code Missing – Medicaid Select Member***Note: Edit 1042 revised September 9, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H	I, O	M
00 Other	CCF	CCF	CCF
10 Paper w/o attach	CCF	CCF	CCF
11 Paper w/attach	CCF	CCF	CCF
20 ECS w/o attach	Deny	Deny	Deny
21 ECS w/attach	CCF	Deny	CCF
22 Shadow	Inactive	Inactive	Inactive
25 Point of Service w/o attach	Reject	Reject	Reject
26 Point of Service w/attach	Reject	Reject	Reject
50 Voids/Replacement non-check related	Suspend	Suspend	Suspend
51 Voids/Replacement check related	Suspend	Suspend	Suspend
52 Shadow Replacement	Inactive	Inactive	Inactive
54 Mass Adj. Void Transaction	CCF	CCF	CCF
55 Mass Replacement NH	Suspend	Deny	CCF
56 Mass Replacement FIN	Suspend	Suspend	Suspend
57 Mass Adj. Reprocess by EDS SE	Inactive	Inactive	Inactive
58 Replacement Processed by EDS SE	Inactive	Inactive	Inactive
61 Elec. Replacement w/attach or claim note	Suspend	Suspend	Suspend
62 Elec. Replacement w/o attach or claim note	Suspend	Suspend	Suspend
64 Spenddown EOM auto-initiated Mass Replacement	Suspend	Suspend	Suspend
67 Shadow Mass Replacement	CCF	CCF	CCF
72 Payer Elec. Replacement	Deny	Deny	Deny
80 Claims Reprocessed by EDS SE	CCF	CCF	Inactive
90 Special Projects	Suspend	CCF	CCF

**Edit Description**

Fail this edit if the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing.



## Edit Criteria

If the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing, fail this edit with EOB 1042.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 or 212.
- This edit will bypass for provider specialty 212.
- This edit will bypass rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- (Outpatient claims only) For dates of service on or after 1/15/2003. This edit will bypass if the claim has one of the revenue codes listed in Revenue Type 60. To review the list of revenue codes contained in Revenue Type 58 in *AIM* click *Reference, Table Maintenance, System Code Tables*, then *Revenue Type* and access Revenue Type 60.
- **Bypass this edit when the procedure code billed is listed as “Not Covered” for the PCCM program in the *Program to HCPCS Procedure Restriction Maintenance* window.**

## EOB Code

1042 – The certification code is missing—Medicaid Select. Please verify and resubmit.

0444 – The certification code is missing. Please submit on the claim correction form (CCF). This should be a two-digit code.

## ARC Code

16 – Claim/Service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.

## Remark Code

M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.

## Method of Correction

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.

Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.

**Edit: ESC 1042 Certification Code Missing – Medicaid Select Member**

<i>Note: Edit 1042 revised May 18, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H, I	M, O
Paper Claim	CCF	CCF
ECS	Deny	Deny
Shadow	N/A	N/A
POS	N/A	Reject
Adjustments	<b>Suspend</b>	<b>Suspend</b>
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing.

**Edit Criteria**

If the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing, fail this edit with EOB 1042.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 or 212.
- This edit will bypass for provider specialty 212.
- This edit will bypass rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- **Bypass this edit when the procedure code billed is listed as “Not Covered” for the PCCM program in the *Program to HCPCS Procedure Restriction Maintenance* window.**

**EOB Code**

1042 – The certification code is missing—Medicaid Select. Please verify and resubmit.

0444 – The certification code is missing. Please submit on the claim correction form (CCF). This should be a two-digit code.

## **ARC Code**

16 – Claim/Service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.

## **Remark Code**

M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.

## **Method of Correction**

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.
- Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.

**Edit: ESC 1042 Certification Code Missing – Medicaid Select Member***Note: Edit 1042 revised November 30, 2004.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H, I	M, O
Paper Claim	CCF	CCF
ECS	Deny	Deny
Shadow	N/A	N/A
POS	N/A	Reject
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing.

**Edit Criteria**

If the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing, fail this edit with EOB 1042.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 or 212.
- This edit will bypass for provider specialty 212.
- This edit will bypass rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- **Bypass this edit when the procedure code billed is listed as “Not Covered” for the PCCM program in the *Program to HCPCS Procedure Restriction Maintenance* window.**

**EOB Code**

1042 – The certification code is missing—Medicaid Select. Please verify and resubmit.

0444 – The certification code is missing. Please submit on the claim correction form (CCF). This should be a two-digit code.

## **ARC Code**

**16 – Claim/Service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.**

## **Remark Code**

**M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.**

## **Method of Correction**

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.
- **Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.**

**Edit: ESC 1042 Certification Code Missing – Medicaid Select Member***Note: Edit 1042 revised effective March 15, 2004*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H, I	M, O
Paper Claim	CCF	CCF
ECS	Deny	Deny
Shadow	N/A	N/A
POS	N/A	Reject
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing.

**Edit Criteria**

If the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing, fail this edit with EOB 1042.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 or 212.
- This edit will bypass for provider specialty 212.
- This edit will bypass rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- **Bypass this edit when the procedure code billed is listed as *Not Covered* for the PCCM program in the *Program to HCPCS Procedure Restriction Maintenance* window.**

**EOB Code**

1042 – The certification code is missing—Medicaid Select. Please verify and resubmit.

0444 – The certification code is missing. Please submit on the claim correction form (CCF). This should be a two-digit code.

**Method of Correction**

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.

**Edit: ESC 1042 Certification Code Missing – Medicaid Select Member***Note: New Edit 1042 December 13, 2002.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H, I	M, O
Paper Claim	CCF	CCF
ECS	Deny	Deny
Shadow	N/A	N/A
POS	N/A	Reject
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing.

**Edit Criteria**

If the rendering provider is not the member's PMP, based on the from date of service, and the certification code is missing, fail this edit with EOB 1042.

**Exceptions:**

Bypass a HCFA-1500 claim type for Billing Provider Type 12, specialty 120 or 212. This edit will bypass for provider specialty 212. This edit will bypass rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.

**EOB Code**

**1042** – The certification code is missing—Medicaid Select. Please verify and resubmit.

**0444** – The certification code is missing. Please submit on the claim correction form (CCF). This should be a two-digit code.

**Method of Correction**

- A CCF will systematically generate to the provider



- **The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.**
- **If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.**
- **If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.**

**Edit: ESC 1043 Certification Code Invalid – Medicaid Select Member**

<i>Note: Edit 1043 revised September 9, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H, I, O	M
00 Other	Deny	CCF
10 Paper w/o attach	Deny	CCF
11 Paper w/attach	Deny	CCF
20 ECS w/o attach	Deny	Deny
21 ECS w/attach	Deny	CCF
22 Shadow	Inactive	Inactive
25 Point of Service w/o attach	Reject	Reject
26 Point of Service w/attach	Reject	Reject
50 Voids/Replacement non-check related	Suspend	Suspend
51 Voids/Replacement check related	Suspend	Suspend
52 Shadow Replacement	Inactive	Inactive
54 Mass Adj. Void Transaction	Deny	CCF
55 Mass Replacement NH	Suspend	CCF
56 Mass Replacement FIN	Suspend	Suspend
57 Mass Adj. Reprocess by EDS SE	Deny	CCF
58 Replacement Processed by EDS SE	Deny	CCF
61 Elec. Replacement w/attach or claim note	Suspend	Suspend
62 Elec. Replacement w/o attach or claim note	Suspend	Suspend
64 Spenddown EOM auto-initiated Mass Replacement	Suspend	Suspend
67 Shadow Mass Replacement	Deny	Suspend
72 Payer Elec. Replacement	Deny	Deny
80 Claims Reprocessed by EDS SE	CCF	Inactive
90 Special Projects	Deny	CCF

**Edit Description**

Fail this edit when the certification code on file is not valid for the PMP provider on the dates of service.

## Edit Criteria

If the certification code does not match the certification code assigned to the member's PMP on the from dates of service when a PMP provider number is on the claim, fail this edit with EOB 1043 unless the rendering provider is an enrolled PMP within the same group.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 with dates of service after August 1, 1998.
- This edit will bypass for provider specialty 212.
- This edit will bypass for rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- **Bypass this edit when the procedure code billed is listed as “Not Covered” for the PCCM program in the Program to HCPC Procedure Restriction Maintenance window.**

## EOB Code

1043 – The certification code is invalid for Medicaid Select. Please verify and resubmit.

0349 – The certification code is invalid. Please verify and submit on the claim correction form (CCF).

## ARC Code

16 – Claim/Service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.

## Remark Code

M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.

## Method of Correction

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.

Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.

**Edit: ESC 1043 Certification Code Invalid – Medicaid Select Member**

<i>Note: Edit 1043 revised May 18, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	M
Paper Claim	CCF
ECS	Deny
Shadow	N/A
POS	Reject
Adjustments	<b>Suspend</b>
Special Batch	<b>CCF</b>

**Edit Description**

Fail this edit when the certification code on file is not valid for the PMP provider on the dates of service.

**Edit Criteria**

If the certification code does not match the certification code assigned to the member's PMP on the from dates of service when a PMP provider number is on the claim, fail this edit with EOB 1043 unless the rendering provider is an enrolled PMP within the same group.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 with dates of service after August 1, 1998.
- This edit will bypass for provider specialty 212.
- This edit will bypass for rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- **Bypass this edit when the procedure code billed is listed as “Not Covered” for the PCCM program in the Program to HCPC Procedure restriction Maintenance window.**

**EOB Code**

1043 – The certification code is invalid for Medicaid Select. Please verify and resubmit.

0349 – The certification code is invalid. Please verify and submit on the claim correction form (CCF).

### **ARC Code**

16 – Claim/Service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.

### **Remark Code**

M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.

### **Method of Correction**

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.
- Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.

**Edit: ESC 1043 Certification Code Invalid – Medicaid Select Member***Note: Edit 1043 revised November 30, 2004.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	M
Paper Claim	CCF
ECS	Deny
Shadow	N/A
POS	Reject
Adjustments	N/A
Special Batch	Suspend

**Edit Description**

Fail this edit when the certification code on file is not valid for the PMP provider on the dates of service.

**Edit Criteria**

If the certification code does not match the certification code assigned to the member's PMP on the from dates of service when a PMP provider number is on the claim, fail this edit with EOB 1043 unless the rendering provider is an enrolled PMP within the same group.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 with dates of service after August 1, 1998.
- This edit will bypass for provider specialty 212.
- This edit will bypass for rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- **Bypass this edit when the procedure code billed is listed as “Not Covered” for the PCCM program in the Program to HCPC Procedure restriction Maintenance window.**

**EOB Code**

1043 – The certification code is invalid for Medicaid Select. Please verify and resubmit.

0349 – The certification code is invalid. Please verify and submit on the claim correction form (CCF).

### **ARC Code**

**16 – Claim/Service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remark codes, whenever appropriate.**

### **Remark Code**

**M58– Missing/incomplete/invalid claim information. Resubmit claim after correction.**

### **Method of Correction**

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 1042.
- **Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.**

**Edit: ESC 1043 Certification Code Invalid – Medicaid Select Member***Note: Edit 1043 revised effective March 15, 2004.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	M
Paper Claim	CCF
ECS	Deny
Shadow	N/A
POS	Reject
Adjustments	N/A
Special Batch	Suspend

**Edit Description**

Fail this edit when the certification code on file is not valid for the PMP provider on the dates of service.

**Edit Criteria**

If the certification code does not match the certification code assigned to the member's PMP on the from dates of service when a PMP provider number is on the claim, fail this edit with EOB 1043 unless the rendering provider is an enrolled PMP within the same group.

Exceptions:

- Bypass HCFA-1500 claim type for Billing Provider Type 12, specialty 120 with dates of service after August 1, 1998.
- This edit will bypass for provider specialty 212.
- This edit will bypass for rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.
- **Bypass this edit when the procedure code billed is listed as *Not Covered* for the PCCM program in the *Program to HCPC Procedure restriction Maintenance* window.**

**EOB Code**

1043 – The certification code is invalid for Medicaid Select. Please verify and resubmit.



0349 – The certification code is invalid. Please verify and submit on the claim correction form (CCF).

**Method of Correction**

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 0343.

**Edit: ESC 1043 Certification Code Invalid – Medicaid Select Member***Note: New Edit 1043 December 13, 2002.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	00	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	M
Paper Claim	CCF
ECS	Deny
Shadow	N/A
POS	Reject
Adjustments	N/A
Special Batch	Suspend

**Edit Description**

Fail this edit when the certification code on file is not valid for the PMP provider on the dates of service.

**Edit Criteria**

If the certification code does not match the certification code assigned to the member's PMP on the from dates of service when a PMP provider number is on the claim, fail this edit with EOB 1043 unless the rendering provider is an enrolled PMP within the same group.

**Exceptions:**

Bypass a HCFA-1500 claim type for Billing Provider Type 12, specialty 120 with dates of service after August 1, 1998. This edit will bypass for provider specialty 212. This edit will bypass for rendering specialties 050, 170, 171, 172, 173, 250, 280, 281, 290, 291, 311, 333, and 341.

**EOB Code**

**1043** – The certification code is invalid for Medicaid Select. Please verify and resubmit.

**0349** – The certification code is invalid. Please verify and submit on the claim correction form (CCF).

### **Method of Correction**

- A CCF will systematically generate to the provider
- The CCF must be mailed back to EDS within 45 days. If not returned within 45 days, the claim systematically denies.
- If the CCF is returned with corrected information, call up the suspended ICN and enter the corrected information in the proper field.
- If the CCF is returned without any information (corrected or additional), deny the claim with EOB 0343.

**Edit: ESC 1044 Medicaid Select Member's PMP is Missing***Note: Edit 1044 revised November 30, 2004.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	01	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H	I, M, O
Paper Claim	Suspend	Deny
ECS	Suspend	Deny
Shadow	Deny	Deny
POS	Suspend	Deny
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the provider specialty or procedure code listed on the claim is not part of the PCCM program or when the rendering provider is not the member's PMP.

**Edit Criteria**

If the procedure code or provider specialty requires a referral from the PMP, and there is no referring provider and certification code, then either the rendering or performing provider must be the PMP for the from date of service on the detail, or the claim will fail this edit with EOB 1044.

Regions 40 – converted claims and 41 – 590 converted claims are excluded from the edit.

Edit 1011 is bypassed when one of the following conditions is true:

- The rendering provider is enrolled as a PMP in the same group as the member's PMP.
- The procedure code billed is listed as noncovered on the reference files for PCCM.
- The principal or primary diagnosis code is designated as emergency on the reference files, UB-92 claim form.
- The rendering provider specialty is one of the following billing on a UB-92 or HCFA-1500 claim form

240	Pharmacy
270-277	Dental
150	Chiropractic
110-117, 011, 339	Mental Health

180, 190, 330	Vision
140	Podiatry
250	Durable Medical Equipment
260-266	Transportation
290, 291, 341	Radiology
050	Home Health
333	Pathology
280, 281	Laboratory
311	Anesthesia
170	Physical Therapy
171	Occupational Therapy
172	Respiratory Therapy
173	Speech Therapy

- The claim has one of the procedure or diagnosis code combinations referred to as follows for medical claims only:
  - For diagnosis codes related to this edit in *IndianaAIM*, click Table Maintenance, click System Code Tables, click Diagnosis Type, and access diagnosis types 41, 42, and 43.
  - For procedure codes applicable to this edit in *IndianaAIM*, click Table Maintenance, click System Code Tables, click HCPC Procedure Types, and access procedure types 152 and 153.
- The provider specialty is 212.
- Medical claims billed with a provider specialty of 120 with dates of service after August 1, 1998.
- Medical claims billed for all provider specialties with dates of service after July, 1, 1996.

### **EOB Code**

1044 – The member is enrolled in the Medicaid Select Primary Care Case Management Program. Claim must have member's primary medical provider information. Provide information and resubmit.

### **ARC Code**

**120 – Patient is covered by a managed care plan.**

### **Method of Correction**

- Claims failing this edit will systematically deny.
- **Special Batch claims (Region 90), from Michelle Stein-Ordonez, for hospice claims, need to be forced.**

**Edit: ESC 1044 Medicaid Select Member's PMP is Missing***Note: New Edit 1044 December 13, 2002.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H, I, M, O	01	Medicaid Select PCCM	Detail	Yes	Yes	0

Disposition	H	I, M, O
Paper Claim	Suspend	Deny
ECS	Suspend	Deny
Shadow	Deny	Deny
POS	Suspend	Deny
Adjustments	N/A	N/A
Special Batch	Suspend	Suspend

**Edit Description**

Fail this edit if the provider specialty or procedure code listed on the claim is not part of the PCCM program or when the rendering provider is not the member's PMP.

**Edit Criteria**

If the procedure code or provider specialty requires a referral from the PMP, and there is no referring provider and certification code, then either the rendering or performing provider must be the PMP for the from date of service on the detail, or the claim will fail this edit with EOB 1044.

Regions 40 – converted claims and 41 – 590 converted claims are excluded from the edit.

Edit 1011 is bypassed when one of the following conditions is true:

- The rendering provider is enrolled as a PMP in the same group as the member's PMP.
- The procedure code billed is listed as noncovered on the reference files for PCCM.
- The principal or primary diagnosis code is designated as emergency on the reference files, UB-92 claim form.
- The rendering provider specialty is one of the following billing on a UB-92 or HCFA-1500 claim form

240

Pharmacy

270-277

Dental

150	Chiropractic
110-117, 011, 339	Mental Health
180, 190, 330	Vision
140	Podiatry
250	Durable Medical Equipment
260-266	Transportation
290, 291, 341	Radiology
050	Home Health
333	Pathology
280, 281	Laboratory
311	Anesthesia
170	Physical Therapy
171	Occupational Therapy
172	Respiratory Therapy
173	Speech Therapy

- The claim has one of the procedure or diagnosis code combinations referred to as follows for medical claims only:
  - For diagnosis codes related to this edit in *IndianaAIM*, click Table Maintenance, click System Code Tables, click Diagnosis Type, and access diagnosis types 41, 42, and 43.
  - For procedure codes applicable to this edit in *IndianaAIM*, click Table Maintenance, click System Code Tables, click HCPC Procedure Types, and access procedure types 152 and 153.
- The provider specialty is 212.
- Medical claims billed with a provider specialty of 120 with dates of service after August 1, 1998.
- Medical claims billed for all provider specialties with dates of service after July, 1, 1996.

## **EOB Code**

**1044** – The member is enrolled in the Medicaid Select Primary Care Case Management Program. Claim must have member's primary medical provider information. Provide information and resubmit.

## **Method of Correction**

Claims failing this edit will systematically deny.

**Edit: ESC 1996 IMMIS Rendering Provider ID Number Not Enrolled**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	N/A
Adjustments	N/A
Special Batch	Suspend

**Edit Description**

Fail this edit if the IMMIS rendering provider number does not crosswalk to an *AIM* provider number. This indicates enrollment for this provider has not occurred.

**Edit Criteria**

If the IMMIS rendering provider number does not crosswalk to an *AIM* provider on the provider database, fail this edit with EOB 1996.

**EOB Code**

1996 – The rendering provider has not been enrolled within the Indiana Health Coverage Programs.

**Method of Correction**

- Compare the claim with the suspense screen and correct any keying errors.
- If no keying errors are found, fail this edit with EOB 1996.



## Edit: ESC 1997 Rendering Provider ID Submitted Under old Format

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	N/A
Adjustments	Deny
Special Batch	Deny

### Edit Description

Fail this edit when the rendering provider number is not in the valid format.

### Edit Criteria

If the submitted provider number is not a valid *AIM* provider number, check to see if it is a valid number from the IMMIS provider file. If the submitted provider number is a valid number from the previous provider file, fail this edit with EOB 1997.

### EOB Code

1997 – This claim was billed with a rendering provider number from the previous Medicaid system. Please bill future claims with the provider number assigned during the re-enrollment process.

### Method of Correction

Claims failing this edit will be systematically denied.

**Edit: ESC 1998 IMMIS Billing Provider ID Number Not Enrolled**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	01	All	Header	No	Yes	0

Disposition	All
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	Deny
Adjustments	Suspend
Special Batch	Suspend

**Edit Description**

Fail this edit if the IMMIS billing provider number does not crosswalk to an *AIM* provider number. This indicates enrollment for this provider has not occurred.

**Edit Criteria**

If the IMMIS billing provider number does not crosswalk to an *AIM* provider on the provider database, fail this edit with EOB 1998.

**EOB Code**

1998 – The billing provider has not been enrolled within Indiana Health Coverage Programs.

**Method of Correction**

- Compare the claim with the suspense screen and correct any keying errors.
- If no keying errors are found, fail this edit with EOB 1998.

**Edit: ESC 1999 Billing Provider ID Submitted Under old Format**

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All	01	All	Header	No	Yes	0

Disposition	All
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	N/A
Special Batch	Deny

**Edit Description**

Fail this edit if the billing provider number is not in the valid format.

**Edit Criteria**

If the submitted provider number is not a valid *AIM* provider number, fail this edit with EOB 1999.

**EOB Code**

1999 – This claim was billed with a billing provider number from the previous Medicaid system. Please bill future claims with the provider number assigned during the re-enrollment process.

**Method of Correction**

Claims failing this edit will be systematically denied.

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